~~V0081~~ ~~**AIDS (042) INVALID WITH ARC OR HIV**~~ - *effective change as of 10/1/94.*

Guideline: All codes in categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, only one category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0081   Exclusive check (if match, error) - Z001

Diagnosis Table	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
Relational Table	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0082~~ **~~ARC (043) INVALID WITH AIDS OR HIV~~** - *effective change as of 10/1/94*

Guideline: All categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, codes from only category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0082   Exclusive check (if match, error) - Z002

Diagnosis Table	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of central system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
Relational Table	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0083   HIV (044) INVALID WITH AIDS OR ARC~~ - *effective change as of 10/1/94*

Guideline: All categories 042, 043, and 044 are mutually exclusive and should never be listed together on the same record; that is, codes from only category in the 042-044 series can be assigned for a specific episode of care. More than one code from the same category can be used when different fourth digits apply. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0083   Exclusive check (if match, error) - Z003

Diagnosis Table	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified
Relational Table	042.0	AIDS with specified infections
	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified
	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

V0084   AIDS WITH HIV TEST RESULTS

Guideline: A positive antibody test does not identify the presence of AIDS or HIV infection; it indicates only that HIV antibodies are present. Patients previously diagnosed with any HIV illness (042) should never be assigned with codes 795.71, 795.8, and V08.

V0084   Exclusive check (if match, error) - Z004

Diagnosis Table	042.	Human Immunodeficiency Virus [HIV] disease
Relational Table	V08.	Asymptomatic human immunodeficiency virus [HIV] infection status *effective 10-1-94*
	795.71	Nonspecific serologic evidence of Human Immunodeficiency Virus [HIV] *effective 10-1-94*
	795.8	Positive serological or viral culture findings for Human Immunodeficiency Virus (HIV) *prior to 10-1-94*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 106.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter, 1994, page 30.

~~V0085   CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV~~ -
effective change as of 10/1/94

Guideline: When manifestations such as Kaposi's sarcoma are associated with the HIV condition, these are indicator diseases of AIDS. Certain manifestations are presumed to be due to AIDS regardless of the diagnostic statement and are so coded. Refer to the table published in the Coding Clinic for ICD-9-CM (July/August 1987 issue) which demonstrates how the correct code from the 042-044 series is to be used in coding an associated condition. When the diagnostic statement makes reference to more than one level of HIV infection, category 042 takes precedence over either 043 and 044, and category 043 takes precedence over category 044.

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table		
	007.2	Coccidiosis
	046.3	Progressive multifocal leukoencephalopathy
	112.4	Candidiasis of lung
	117.5	Cryptococcosis
	130.0	Meningoencephalitis due to toxoplasmosis
	130.1	Conjunctivitis due to toxoplasmosis
	130.2	Chorioretinitis due to toxoplasmosis
	130.3	Myocarditis due to toxoplasmosis
	130.4	Pneumonitis due to toxoplasmosis
	130.5	Hepatitis due to toxoplasmosis
	130.7	Toxoplasmosis of other specified sites
	130.8	Multisystemic disseminated toxoplasmosis
	130.9	Toxoplasmosis, unspecified
	136.3	Pneumocystosis
	176.0	Kaposi's sarcoma - skin
	176.1	Kaposi's sarcoma - soft tissue
	176.2	Kaposi's sarcoma - palate
	176.3	Kaposi's sarcoma - gastrointestinal sites
	176.4	Kaposi's sarcoma - lung
	176.5	Kaposi's sarcoma - lymph nodes
	176.8	Kaposi's sarcoma - other specified sites
	176.9	Kaposi's sarcoma - unspecified

~~**V0085   CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV -**~~
~~CONTINUED~~ - *effective change as of 10/1/94*

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table		
	200.00	Reticulosarcoma - unspecified site
	200.01	Reticulosarcoma - lymph nodes of head, face, and neck
	200.02	Reticulosarcoma - intrathoracic lymph nodes
	200.03	Reticulosarcoma - intra-abdominal lymph nodes
	200.04	Reticulosarcoma - lymph nodes of axilla and upper limb
	200.05	Reticulosarcoma - lymph nodes of inguinal region and lower limb
	200.06	Reticulosarcoma - intrapelvic lymph nodes
	200.07	Reticulosarcoma - spleen
	200.08	Reticulosarcoma - lymph nodes of multiple sites
	200.20	Burkitt's tumor or lymphoma - unspecified site
	200.21	Burkitt's tumor or lymphoma - lymph nodes of head, face, and neck
	200.22	Burkitt's tumor or lymphoma - intrathoracic lymph nodes
	200.23	Burkitt's tumor or lymphoma - intra-abdominal lymph nodes
	200.24	Burkitt's tumor or lymphoma - lymph nodes of axilla and upper limb
	200.25	Burkitt's tumor or lymphoma - lymph nodes of inguinal region and lower limb
	200.26	Burkitt's tumor or lymphoma - intrapelvic lymph nodes
	200.27	Burkitt's tumor or lymphoma - spleen
	200.28	Burkitt's tumor or lymphoma - lymph nodes of multiple sites
	200.80	Other named variants - unspecified site
	200.81	Other named variants - lymph nodes of head, face, and neck
	200.82	Other named variants - intrathoracic lymph nodes
	200.83	Other named variants - intra-abdominal lymph nodes
	200.84	Other named variants - lymph nodes of axilla and upper limb
	200.85	Other named variants - lymph nodes of inguinal region and lower limb
	200.86	Other named variants - intrapelvic lymph nodes
	200.87	Other named variants - spleen
	200.88	Other named variants -lymph nodes of multiple sites

~~**V0085   CERTAIN AIDS-RELATED MANIFESTATIONS ARE INVALID WITH ARC OR HIV -
CONTINUED**~~ - *effective change as of 10/1/94*

V0085   Exclusive check (if match, error) - Z005

Diagnosis Table	202.80	Other lymphomas - unspecified site
	202.81	Other lymphomas - lymph nodes of head, face, and neck
	202.82	Other lymphomas - intrathoracic lymph nodes
	202.83	Other lymphomas - intra-abdominal lymph nodes
	202.84	Other lymphomas - lymph nodes of axilla and upper limb
	202.85	Other lymphomas - lymph nodes of inguinal region and lower limb
	202.86	Other lymphomas - intrapelvic lymph nodes
	202.87	Other lymphomas - spleen
	202.88	Other lymphomas - lymph nodes of multiple sites
Relational Table	043.0	ARC causing lymphadenopathy
	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified
	044.0	HIV causing specified acute infections
	044.9	HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21

MMWR (Morbidity and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA, July/Aug 1987, pages 1-20

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 93-94; 1991, pages 104-105.

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE**

Guideline: When the malignant neoplasm recurs after it has been excised or eradicated, it is coded as a malignant neoplasm of the stated site. Note that a code from the V10 category, History of malignancy, is not assigned when the neoplastic disease has recurred. For example, a primary carcinoma of the anterior wall of the urinary bladder that has been excised but has recurred in the lateral wall is coded to 188.2.

When a recurrence is discovered at the primary site, it should be coded as primary to that site. When there is no recurrence at the primary site but there is evidence of a malignancy at a secondary (metastatic) site, the code for the secondary site should be assigned along with a code from category V10 to indicate that the malignancy at the primary site has already been eradicated. Note that a code from category V10, Personal history of malignant neoplasm, is assigned as an additional code only when the malignancy has been excised or otherwise eradicated and is no longer under treatment.

Note: Some edits were turned off until further response is received from Coding Clinic for ICD-9-CM.

V0086   Exclusive check (if match, error) - N001 - **Turned Off** - Wait for CC

Diagnosis Table	141.0	Malignant neoplasm, base of tongue
	141.1	Malignant neoplasm, dorsal surface of tongue
	141.2	Malignant neoplasm, tip and lateral border of tongue
	141.3	Malignant neoplasm, ventral surface of tongue
	141.4	Malignant neoplasm, anterior 2/3 of tongue
	141.5	Malignant neoplasm, junctional zone of tongue
	141.6	Malignant neoplasm, lingual tonsil
	141.8	Malignant neoplasm, other sites of tongue
	141.9	Malignant neoplasm, tongue, unspecified
Relational Table	V10.01	History of malignant neoplasm, tongue

----

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N002 - **Turned Off** - Wait for CC

Diagnosis Table	150.0	Malignant neoplasm, cervical esophagus
	150.1	Malignant neoplasm, thoracic esophagus
	150.2	Malignant neoplasm, abdominal esophagus
	150.3	Malignant neoplasm, upper third of esophagus
	150.4	Malignant neoplasm, middle third of esophagus
	150.5	Malignant neoplasm, lower third of esophagus
	150.8	Malignant neoplasm, other specified part of esophagus
	150.9	Malignant neoplasm, esophagus, unspecified

Relational Table   V10.03   History of malignant neoplasm, esophagus

----

V0086   Exclusive check (if match, error) - N003 - **Turned Off** - Wait for CC

Diagnosis Table	151.0	Malignant neoplasm, cardia
	151.1	Malignant neoplasm, pylorus
	151.2	Malignant neoplasm, pyloric antrum
	151.3	Malignant neoplasm, fundus of stomach
	151.4	Malignant neoplasm, body of stomach
	151.5	Malignant neoplasm, lesser curvature, unspecified
	151.6	Malignant neoplasm, greater curvature, unspecified
	151.8	Malignant neoplasm, other specified sites of stomach
	151.9	Malignant neoplasm, stomach, unspecified

Relational Table   V10.04   History of malignant neoplasm, stomach

----

V0086   Exclusive check (if match, error) - N004 - **Turned Off** - Wait for CC

Diagnosis Table	153.0	Malignant neoplasm, hepatic flexure
	153.1	Malignant neoplasm, transverse colon
	153.2	Malignant neoplasm, descending colon
	153.3	Malignant neoplasm, sigmoid colon
	153.4	Malignant neoplasm, cecum
	153.5	Malignant neoplasm, appendix
	153.6	Malignant neoplasm, ascending colon
	153.7	Malignant neoplasm, splenic flexure
	153.8	Malignant neoplasm, other specified sites of large intestine
	153.9	Malignant neoplasm, colon, unspecified

Relational Table   V10.05   History of malignant neoplasm, large intestine

----

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N005 - **Turned Off** - Wait for CC

Diagnosis Table	154.0	Malignant neoplasm, rectosigmoid colon
	154.1	Malignant neoplasm, rectum
	154.2	Malignant neoplasm, anal canal
	154.3	Malignant neoplasm, anus, unspecified
	154.8	Malignant neoplasm, other
Relational Table	V10.06	History of malignant neoplasm, rectum, rectosigmoid junction and anus

---

V0086   Exclusive check (if match, error) - N006

Diagnosis Table	155.0	Malignant neoplasm, liver, primary
	155.2	Malignant neoplasm, liver not specified as primary or secondary
Relational Table	V10.07	History of malignant neoplasm, liver

V0086   Exclusive check (if match, error) - N007

Diagnosis Table	162.0	Malignant neoplasm, trachea
Relational Table	V10.12	History of malignant neoplasm, trachea

---

V0086   Exclusive check (if match, error) - N008 - **Turned Off** - Wait for CC

Diagnosis Table	161.0	Malignant neoplasm, glottis
	161.1	Malignant neoplasm, supraglottis
	161.2	Malignant neoplasm, subglottis
	161.3	Malignant neoplasm, laryngeal cartilages
	161.8	Malignant neoplasm, other specified sites of larynx
	161.9	Malignant neoplasm, larynx, unspecified
Relational Table	V10.21	History of malignant neoplasm, larynx

---

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE -**
CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N009 - **Turned Off** - Wait for CC

Diagnosis Table	174.0	Malignant neoplasm, nipple and areola - female
	174.1	Malignant neoplasm, central portion - female
	174.2	Malignant neoplasm, upper-inner quadrant - female
	174.3	Malignant neoplasm, lower-inner quadrant - female
	174.4	Malignant neoplasm, upper-outer quadrant - female
	174.5	Malignant neoplasm, upper-inner quadrant - female
	174.6	Malignant neoplasm, axillary tail - female
	174.8	Malignant neoplasm, other specified sites of female breast
	174.9	Malignant neoplasm, breast (female), unspecified
	175.0	Malignant neoplasm, nipple and areola - male
	175.9	Malignant neoplasm, other and unspecified sites of male breast

Relational Table   V10.3   History of malignant neoplasm, breast
----
V0086   Exclusive check (if match, error) - N010 - **Turned Off** - Wait for CC

Diagnosis Table	180.0	Malignant neoplasm, endocervix
	180.1	Malignant neoplasm, exocervix
	180.8	Malignant neoplasm, other specified sites of cervix
	180.9	Malignant neoplasm, cervix uteri, unspecified

Relational Table   V10.41   History of malignant neoplasm, cervix uteri
----
V0086   Exclusive check (if match, error) - N011 - **Turned Off** - Wait for CC

Diagnosis Table   183.0   Malignant neoplasm, ovary

Relational Table   V10.43   History of malignant neoplasm, ovary
----
V0086   Exclusive check (if match, error) - N012

Diagnosis Table   185   Malignant neoplasm, prostate

Relational Table   V10.46   History of malignant neoplasm, prostate
----

V0086 **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N013 - **Turned Off** - Wait for CC

| Diagnosis Table | 186.0 | Malignant neoplasm, undescended testis |
| | 186.9 | Malignant neoplasm, other and unspecified testis |

| Relational Table | V10.47 | History of malignant neoplasm, testis |

V0086   Exclusive check (if match, error) - N014

Diagnosis Table	188.0	Malignant neoplasm, trigone of urinary bladder
	188.1	Malignant neoplasm, dome of urinary bladder
	188.2	Malignant neoplasm, lateral wall of urinary bladder
	188.3	Malignant neoplasm, anterior wall of urinary bladder
	188.4	Malignant neoplasm, posterior wall of urinary bladder
	188.5	Malignant neoplasm, bladder neck
	188.6	Malignant neoplasm, ureteric orifice
	188.7	Malignant neoplasm, urachus
	188.8	Malignant neoplasm, other specified sites of bladder
	188.9	Malignant neoplasm, bladder part unspecified

| Relational Table | V10.51 | History of malignant neoplasm, bladder |

V0086   Exclusive check (if match, error) - N015 - **Turned Off** - Wait for CC

| Diagnosis Table | 189.0 | Malignant neoplasm, kidney, except pelvis |

| Relational Table | V10.52 | History of malignant neoplasm, kidney |

V0086   Exclusive check (if match, error) - N016 - **Turned Off** - Wait for CC

Diagnosis Table	190.0	Malignant neoplasm, eyeball, except conjunctiva, cornea, retina, and choroid
	190.1	Malignant neoplasm, orbit
	190.2	Malignant neoplasm, lacrimal gland
	190.3	Malignant neoplasm, conjunctiva
	190.4	Malignant neoplasm, cornea
	190.5	Malignant neoplasm, retina
	190.6	Malignant neoplasm, choroid
	190.7	Malignant neoplasm, lacrimal duct
	190.8	Malignant neoplasm, other specified sites of eye
	190.9	Malignant neoplasm, part unspecified

| Relational Table | V10.84 | History of malignant neoplasm, eye |

V0086   **CANCER RECURRENCE versus HISTORY OF CANCER AT THE SAME SITE** - CONTINUED (see guideline on page 46)

V0086   Exclusive check (if match, error) - N017 - **Turned Off** - Wait for CC

Diagnosis Table	191.0	Malignant neoplasm, cerebrum, except lobes and ventricles
	191.1	Malignant neoplasm, frontal lobe
	191.2	Malignant neoplasm, temporal lobe
	191.3	Malignant neoplasm, parietal lobe
	191.4	Malignant neoplasm, occipital lobe
	191.5	Malignant neoplasm, ventricles
	191.6	Malignant neoplasm, cerebellum, NOS
	191.7	Malignant neoplasm, brain stem
	191.8	Malignant neoplasm, other parts of brain
	191.9	Malignant neoplasm, brain, unspecified

Relational Table   V10.85   History of malignant neoplasm, brain

----

V0086   Exclusive check (if match, error) - N018

Diagnosis Table   193   Malignant neoplasm, thyroid gland

Relational Table   V10.87   History of malignant neoplasm, thyroid

----

References: Coding Clinic for ICD-9-CM, AHA, May-June 1985, pages 10 and 13; 2nd Quarter 1990, page 9.
ICD-9-CM Coding and Reporting Official Guidelines, 1990, item #2.13E Neoplasm.
ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 259; 1991, page 289.

V0087   **UNCOMPLICATED DIABETES versus COMPLICATED DIABETES**

Guideline: Uncomplicated diabetes (250.0x) cannot be coded together with diabetes with complications or manifestations. The fourth digit identifies the presence of an associated complication. Coding diabetes as both complicated and uncomplicated is contradictory and distorts statistics.

V0087   Exclusive Check (if match, error) - X001

Diagnosis Table   250.0   Diabetes mellitus without mention of complication

Relational Table   250.1   Diabetes with ketoacidosis
                             250.2   Diabetes with hyperosmolar coma
                             250.3   Diabetes with other coma
                             250.4   Diabetes with renal manifestations
                             250.5   Diabetes with ophthalmic manifestations
                             250.6   Diabetes with neurological manifestations
                             250.7   Diabetes with peripheral circulatory disorders
                             250.8   Diabetes with other specified manifestations
                             250.9   Diabetes with unspecified complications
----

References: ICD-9-CM Codebook, Tabular Section, Endocrine, Nutritional and Metabolic diseases and Immunity disorders, Code 250.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, Endocrine, Nutritional, and Metabolic diseases and Immune disorders, pages 99-101.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, Endocrine, Nutritional, and Metabolic diseases and Immune disorders, pages 109-114.

V0088   **SICKLE-CELL ANEMIA WITH SICKLE-CELL TRAIT SHOULD BE COMBINED**

Guideline: The difference between the sickle-cell anemia and sickle-cell trait is the development of symptoms of sickle-cell anemia.

Sickle-cell anemia is due to the transmission of a defective gene, which results in the formation of an abnormal hemoglobin molecule.

When this defective gene is transmitted from only one parent, the condition is called "sickle-cell trait," and often no symptoms of sickle-cell anemia develop.

When the diagnostic statement includes both sickle-cell trait and sickle-cell anemia, only the anemia should be coded. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved. Read the "Excludes" note under code 282.5.

V0088   Exclusive Check (if match, error) - X002

Diagnosis Table	282.60	Sickle-cell anemia, unspecified
	282.61	Hb-S disease without mention of crisis
	282.62	Hb-S disease with mention of crisis
	282.63	Sickle-cell/Hb-C disease
	282.69	Other sickle-cell anemia
Relational Table	282.5	Sickle-cell trait

References: ICD-9-CM Codebook, Tabular Section, Excludes Note under Code 282.5.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 136 under "Hereditary Anemia."

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 118 under "Hereditary Anemia."

V0089   HYPERTENSION versus OTHER HYPERTENSIVE DISEASES

Guideline: Categories 401-404 classify hypertensive disease of unknown cause according to a hierarchy of the disease from its vascular origin (401) to the end-organ involvement (heart, kidney, or heart and kidney combined).

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0089   Exclusive Check (if match, error) - S001

Diagnosis Table	401.0	Malignant hypertension
	401.1	Benign hypertension
	401.9	Essential hypertension, unspecified
Relational Table	402.0	Malignant hypertensive heart disease
	402.1	Benign hypertensive heart disease
	402.9	Hypertensive heart disease, unspecified
	403.0	Malignant hypertensive renal disease
	403.1	Benign hypertensive renal disease
	403.9	Hypertensive renal disease, unspecified
	404.0	Malignant hypertensive heart and renal disease
	404.1	Benign hypertensive heart and renal disease
	404.9	Hypertensive heart and renal disease, unspecified

References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, pages 12-13; 3rd Quarter 1990, page 3.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 41, 261-269; 1989, pages 36-37, 235-243.

Steps to Coding with ICD-9-CM Module II, The Advanced Coder, CMRA, 1991, pages 124-127, 151.

V0090   HYPERTENSIVE HEART DISEASE and HEART DISEASE

Guideline: Certain heart conditions are assigned to a code from category 402 when a causal relationship is stated (due to hypertension) or implied (hypertensive). Use only the code from category 402.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Includes" note under category 402 which states "*any condition classifiable to 428, 429.0-429.3, 429.8, 429.9*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0090   Exclusive check (if match, error) - S003

Diagnosis Table		
	428.0	~~Congestive heart failure~~ deleted 10/1/02
	428.1	~~Left heart failure~~ deleted 10/1/02
	428.9	~~Heart failure, unspecified~~ deleted 10/1/02
	429.0	Myocarditis, unspecified
	429.1	Myocardial degeneration
	429.2	Cardiovascular disease, unspecified
	429.3	Cardiomegaly
	429.81	Other disorders of papillary muscle
	429.82	Hyperkinetic heart disease
	429.89	Other ill-defined heart diseases
	429.9	Heart disease, unspecified

Relational Table		
	402.00	Malignant hypertensive heart disease without congestive heart failure
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.10	Benign hypertensive heart disease without congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.90	Hypertensive heart disease without congestive heart failure, unspecified
	402.91	Hypertensive heart disease with congestive heart failure, unspecified

---

References: Coding Clinic for ICD-9-CM, AHA, July/Aug 1984, pages 13-14; Nov/Dec 1984, page 18; 3rd Quarter 1988, page 3; 2nd Quarter 1989, page 12; 3rd Quarter 1990, page 3; 1st Quarter 1993, pages 19-20; 4th Quarter 2002, page 49.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37, 238; 1991, pages 41, 264-265.

Steps to Coding with ICD-9-CM Module II, CMRA, 1991, pages 126-127.

V0091   **HYPERTENSION and RENAL DISEASE**

Guideline: *ICD-9-CM* assumes a cause-and-effect relationship between hypertension and renal disease when both are listed in the diagnostic statement; the relationship need not be stated. A fifth-digit subclassification is provided for category 403 to indicate whether renal failure is present. Examples: Hypertension (401.9) and renal failure (585) are to be assumed as related and should be coded as 403.91 regardless of whether it stated "due to," "with," or listed separately.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Excludes" note under codes 585, 586 and 587, the fifth digit for the 403.x is used to specify any renal problems, if desired. See "Includes" note under category 403 which states "*any condition classifiable to 585, 586, or 587 with any condition classifiable to 401*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Exception: This guideline can be overridden if the physician <u>specifically</u> states that the hypertension is not due to the renal disease. Separate codes for hypertension and renal disease would then be acceptable.

V0091   Exclusive Check (if match, error) - S006

Diagnosis Table	585	Chronic renal failure
	586	Renal failure, unspecified
	587	Renal sclerosis, unspecified
Relational Table	401.0	Malignant hypertension
	401.1	Benign hypertension
	401.9	Essential hypertension, unspecified

V0091   Exclusive Check (if match, error) - S008

Diagnosis Table	585	Chronic renal failure
	586	Renal failure, unspecified
	587	Renal sclerosis, unspecified

V0091   **HYPERTENSION and RENAL DISEASE** - CONTINUED
                   (see guideline on page 56)

V0091   Exclusive Check (if match, error) - S008 - Continued

Relational Table		
	403.01	Malignant hypertensive renal disease
	403.11	Benign hypertensive renal disease
	403.91	Hypertensive renal disease, unspecified
	404.02	Malignant hypertensive heart and renal disease with renal failure
	404.12	Benign hypertensive heart and renal disease with renal failure
	404.92	Hypertensive heart and renal disease with renal failure, unspecified
	404.03	Malignant hypertensive heart and renal disease with congestive heart and renal failure
	404.13	Benign hypertensive heart and renal disease with congestive heart and renal failure
	404.93	Hypertensive heart and renal disease with congestive heart and renal failure, unspecified

----

References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, page 14.

                 Coding Clinic for ICD-9-CM, AHA, Sept/Oct 1984, page 4. (Written before the implementation of 5th digits).

                 Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 15. (Written before the implementation of 5th digits).

                 Coding Clinic for ICD-9-CM, AHA, Sept/Oct 1987, page 9. (Written before the implementation of 5th digits).

                 Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 3; 4th Quarter 1992, pages 22-23.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 41, 266-267 and 1989 version, pages 36-37, 241.

                 Steps to Coding with ICD-9-CM Module II, The Advanced Coder, CMRA, 1991, pages 126, 151.

V0092 **HYPERTENSIVE HEART and RENAL DISEASE**

Guideline: When a heart condition ordinarily coded to category 402 and a renal condition coded to category 403 both exist, a combination code from category 404 is assigned. Fifth digits are provided to indicate whether congestive heart failure, renal failure or both are present.

Only the combination code is assigned when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. See "Includes" note under category 404 which states "*any condition classifiable to 402 with any condition classifiable to 403*". Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0092 Exclusive Check (if match, error) - S009

Diagnosis Table	402.00	Malignant hypertensive heart disease without congestive heart failure
	402.01	Malignant hypertensive heart disease with congestive heart failure
	402.10	Benign hypertensive heart disease without congestive heart failure
	402.11	Benign hypertensive heart disease with congestive heart failure
	402.90	Hypertensive heart disease without congestive heart failure, unspecified
	402.91	Hypertensive heart disease with congestive heart failure, unspecified
Relational Table	403.00	Malignant hypertensive renal disease without mention of renal failure
	403.01	Malignant hypertensive renal disease with renal failure
	403.10	Benign hypertensive renal disease without mention of renal failure
	403.11	Benign hypertensive renal disease with renal failure
	403.90	Hypertensive renal disease without mention of renal failure, unspecified
	403.91	Hypertensive renal disease with renal failure, unspecified.

References: Coding Clinic for ICD-9-CM, AHA, July/August 1984, page 14; 3rd Quarter 1990, page 3.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37, 241; 1991, pages 41, 266-267.

V0093   **ULCERS with HEMORRHAGE AND PERFORATION
(WITHOUT OBSTRUCTION) - COMBINATION CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage and perforation or when the Alphabetic Index so directs.

For acute ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.20, 532.20.

For chronic ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.60, 532.60.

V0093   Exclusive Check (if match, error) - R001

Diagnosis Table   531.00   Acute gastric ulcer with hemorrhage, without obstruction

Relational Table   531.10   Acute gastric ulcer with perforation, without obstruction

HINT: Code 531.20 (acute gastric ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0093   Exclusive Check (if match, error) - R005

Diagnosis Table   532.00   Acute duodenal ulcer with hemorrhage, without obstruction

Relational Table   532.10   Acute duodenal ulcer with perforation, without obstruction

HINT: Code 532.20 (acute duodenal ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0093   **ULCERS with HEMORRHAGE AND PERFORATION
(WITHOUT OBSTRUCTION) - COMBINATION CODE** - CONTINUED
(see guideline on page 59)

V0093   Exclusive Check (if match, error) - R003

Diagnosis Table   531.40   Chronic gastric ulcer with hemorrhage, without obstruction

Relational Table   531.50   Chronic gastric ulcer with perforation, without obstruction

> *HINT: Code 531.60 (chronic gastric ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

V0093   Exclusive Check (if match, error) - R007

Diagnosis Table   532.40   Chronic duodenal ulcer with hemorrhage, without obstruction

Relational Table   532.50   Chronic duodenal ulcer with perforation, without obstruction

> *HINT: Code 532.60 (chronic duodenal ulcer with hemorrhage and perforation - without obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule".

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

V0094   **ULCERS with HEMORRHAGE AND PERFORATION**
(WITH OBSTRUCTION) - COMBINATION CODE

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage and perforation or when the Alphabetic Index so directs.

For acute ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.21, 532.21.

For chronic ulcers, check the other combination codes that describe all of the elements in the diagnostic statement: 531.61, 532.61.

V0094   Exclusive Check (if match, error) - R002

Diagnosis Table   531.01   Acute gastric ulcer with hemorrhage, with obstruction

Relational Table   531.11   Acute gastric ulcer with perforation, with obstruction

HINT: Code 531.21 (acute gastric ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0094   Exclusive Check (if match, error) - R006

Diagnosis Table   532.01   Acute duodenal ulcer with hemorrhage, with obstruction

Relational Table   532.11   Acute duodenal ulcer with perforation, with obstruction

HINT: Code 532.21 (acute duodenal ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0094   **ULCERS with HEMORRHAGE AND PERFORATION (WITH OBSTRUCTION) - COMBINATION CODE** - CONTINUED
(see guideline on page 61)

V0094   Exclusive Check (if match, error) - R004

Diagnosis Table   531.41   Chronic gastric ulcer with hemorrhage, with obstruction

Relational Table   531.51   Chronic gastric ulcer with perforation, with obstruction

> *HINT: Code 531.61 (chronic gastric ulcer with hemorrhage and perforation - with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

V0094   Exclusive Check (if match, error) - R008

Diagnosis Table   532.41   Chronic duodenal ulcer with hemorrhage, with obstruction

Relational Table   532.51   Chronic duodenal ulcer with perforation, with obstruction

> *HINT: Code 532.61 (chronic duodenal ulcer with hemorrhage and perforation -with obstruction) is a combination code that clearly identifies all the elements documented in the diagnostic statement.*

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule".

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

V0095   **GASTRITIS/DUODENITIS WITH or WITHOUT HEMORRHAGE**
WHICH IS IT?

Guideline: If the hemorrhage is involved, follow the coding instructions for the word "note" under the index term "Gastritis." The word "note" provides information regarding fifth digits that must be used to indicate the relationship between the main term and an associated condition or etiology. In the index, these notes are enclosed in boxes and printed in italic type.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage or when the Alphabetic Index so directs.

V0095   Exclusive Check (if match, error) - X006

Diagnosis Table   535.00   Acute gastritis without hemorrhage

Relational Table   535.01   Acute gastritis with hemorrhage

V0095   Exclusive Check (if match, error) - X007

Diagnosis Table   535.10   Atrophic gastritis without hemorrhage

Relational Table   535.11   Atrophic gastritis with hemorrhage
----
V0095   Exclusive Check (if match, error) - X008

Diagnosis Table   535.20   Gastric mucosal hypertrophy without hemorrhage

Relational Table   535.21   Gastric mucosal hypertrophy with hemorrhage
----
V0095   Exclusive Check (if match, error) - X009

Diagnosis Table   535.30   Alcoholic gastritis without hemorrhage

Relational Table   535.31   Alcoholic gastritis with hemorrhage
----
V0095   Exclusive Check (if match, error) - X010

Diagnosis Table   535.40   Other specified gastritis without hemorrhage

Relational Table   535.41   Other specified gastritis with hemorrhage
----

V0095   **GASTRITIS/DUODENITIS WITH or WITHOUT HEMORRHAGE
WHICH IS IT?** - CONTINUED
(see guideline on page 63)

V0095   Exclusive Check (if match, error) - X011

Diagnosis Table   535.60   Duodenitis without hemorrhage

Relational Table   535.61   Duodenitis with hemorrhage

References: ICD-9-CM Codebook, Alphabetical Index, "Note" under Gastritis.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 7 on "Notes", pages 36-37 on "Combination Coding" rule, and page 38 on "Multiple Coding" rule.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, pages 12-13 on "Notes", page 41 on "Combination Coding" rule, and page 42 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, pages 8-10.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6.

V0096   **DIVERTICULOSIS and DIVERTICULITIS**

<u>Guideline:</u>   The diagnosis of diverticulum or diverticulosis preceded by qualifying terms of "acute,", "perforated," or "ruptured" designates diverticulitis and not diverticulosis. Diverticula, diverticulosis, and diverticulum described as acute, perforated or ruptured should be coded as diverticulitis, such as 562.11 for colon and 562.01 for small intestine.

     Diverticulitis is a complication of diverticulosis. A diagnosis of diverticulitis assumes the presence of diverticula; only the code for diverticulitis is assigned, even though both conditions may be mentioned in the diagnostic statement. In the Tabular Section, read the coding instructions under 562.00 - 562.13.

V0096	Exclusive check (if match, error) - X018	

Diagnosis Table	562.00	Diverticulosis of small intestine [without mention of hemorrhage]
	562.02	Diverticulosis of small intestine with hemorrhage
Relational Table	562.01	Diverticulitis of small intestine [without mention of hemorrhage]
	562.03	Diverticulitis of small intestine with hemorrhage

V0096	Exclusive check (if match, error) - X020	

Diagnosis Table	562.10	Diverticulosis of colon [without mention of hemorrhage]
	562.12	Diverticulosis of colon with hemorrhage
Relational Table	562.11	Diverticulitis of colon [without mention of hemorrhage]
	562.13	Diverticulitis of colon with hemorrhage

<u>References:</u>   ICD-9-CM Notes, Journal of AMRA, April 1983, page 46.

     ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, pages 167-168.

     Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Jan/Feb 1985, pages 5-6; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

V0097   **DIVERTICULOSIS and DIVERTICULITIS SHOWING**
"WITH" HEMORRHAGE and "WITHOUT" HEMORRHAGE?

Guideline: A diagnosis of diverticulitis assumes the presence of diverticula; only the code for diverticulitis is assigned, even though both conditions may be mentioned in the diagnostic statement.   If hemorrhage is involved, follow the alphabetization rules for the appropriate subterm and code.

In the alphabetization rules, subterms preceded by "with" and "without" immediately follow the main term or appropriate subterm entry; subterms beginning with other connecting words such as "in," "during," "due to," "following," "secondary," or "status" appear in alphabetic order. Words such as "with," "in,' and "due to," are used to indicate the relationship between the main term and an associated condition or etiology.   Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hemorrhage or when the Alphabetic Index so directs.

For small intestine, check the other combination codes that describe all of the elements in the diagnostic statement: 562.03.

For colon, check the other combination codes that describe all of the elements in the diagnostic statement: 562.13.

V0097   Exclusive check (if match, error) - R017

Diagnosis Table   562.01   Diverticulitis of small intestine [without mention of hemorrhage]

Relational Table   562.02   Diverticulosis of small intestine with hemorrhage

HINT: Code 562.03 is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0097   Exclusive check (if match, error) - R019

Diagnosis Table   562.11   Diverticulitis of colon [without mention of hemorrhage]

Relational Table   562.12   Diverticulosis of colon with hemorrhage

HINT: Code 562.13 is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0097   **DIVERTICULOSIS and DIVERTICULITIS SHOWING
"WITH" HEMORRHAGE and "WITHOUT" HEMORRHAGE?** - CONTINUED

References: ICD-9-CM Codebook, Alphabetical Index, Subterms under Diverticulosis and the corresponding sites such as colon, intestine, etc.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Jan/Feb 1985, pages 5-6; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 4th Quarter 1991, page 25 - effective with discharges 10-01-91.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 7 and 36-37; 1991, pages 7 and 41.

V0098   TUBERCULOSIS PLEURISY ... with ... PLEURISY - COMBINATION CODE

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" notes under category 511 and code 012.0.

V0098   Exclusive check (if match, error) - R021

Diagnosis Table	012.00	Tuberculous pleurisy [unspecified]
	012.01	Tuberculous pleurisy [bacteriological or histological examination not done]
	012.02	Tuberculous pleurisy [bacteriological or histological examination unknown at present]
	012.03	Tuberculous pleurisy [tubercle bacilli found in sputum by microscopy]
	012.04	Tuberculous pleurisy [tubercle bacilli non found in sputum by microscopy, but found by bacterial culture]
	012.05	Tuberculous pleurisy [tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically]
	012.06	Tuberculous pleurisy [tubercle bacilli not found by bacteriological or histological examination but tuberculosis confirmed by other methods (inoculation of animals)]

Relational Table	511.0	Pleurisy without mention of effusion or current tuberculosis
	511.1	Pleurisy with effusion, with mention of a bacterial cause other than tuberculosis
	511.8	Pleurisy - other specified forms of effusion, except tuberculous
	511.9	Unspecified pleural effusion

HINT: Read the "Excludes" note under category 511 and code 012.0.

V0098   **TUBERCULOSIS PLEURISY .. with .. PLEURISY - COMBINATION CODE -** CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41.

V0099   COPD with OTHER RESPIRATORY CONDITIONS - COMBINATION CODE

Guideline: The term Chromic Obstructive Pulmonary Disease COPD is a generic term that represents <u>any form</u> of unspecified chronic obstructive airway disease. COPD is not a separate disease entity when associated with other chronic obstructive lung disease. For example, code 491.21 (obstructive chronic bronchitis with acute exacerbation) should be used only for those combinations of diseases that are included in the tabular notes for the code and COPD.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u> Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 496.

V0099   Exclusive check (if match, error) - R023

Diagnosis Table	496	Chronic airway obstruction
Relational Table	491.20	Obstructive chronic bronchitis
	491.21	Obstructive chronic bronchitis, with acute exacerbation
	492.0	Emphysematous bleb
	492.8	Other emphysema
	493.xx	Asthma
	494	Bronchiectasis
	495.x	Allergic alveolitis

HINT: Read the "Excludes" note under category 496.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1991, page 21; 2nd Quarter 1992, pages 16-17; 4th Quarter 1993, page 26; Vol 10, No 5, 1993, pages 4-5 (PRO).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41, 43, and 155.

V0100   **APPENDICITIS WITH PERITONITIS ... and ... PERITONITIS ?**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 567.

V0100   Exclusive check (if match, error) - R025

Diagnosis Table	540.0	Acute appendicitis with generalized peritonitis
	540.1	Acute appendicitis with peritoneal abscess
Relational Table	567.1	Pneumococcal peritonitis
	567.2	Other suppurative peritonitis
	567.8	Other specified peritonitis
	567.9	Unspecified peritonitis

HINT: Read the "Excludes" note under category 567.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, page 3.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989: pages 11-12 and 36-37; 1991: pages 11-12 and 41.

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES**

Guideline: Lymphoma is a systemic disease and is never considered to be "metastatic." Codes from category 196, secondary and unspecified malignant neoplasm of lymph nodes, are never applied to lymphomas.

Coding Clinic for ICD-9-CM (May-June 1985 page 4) states, "Malignant neoplasms classifiable to categories 200-208 [lymphomas] stated as secondary or metastatic site(s) remain within the 200-208 categories and are not coded to categories 196.0-196.9 [secondary malignant neoplasm of lymph nodes]."

V0101   Exclusive check (if match, error) - N019

Diagnosis Table	196.0	Secondary & unspecified malignant neoplasm, lymph nodes of head, face, and neck
Relational Table	200.01	Reticulosarcoma, lymph nodes of head, face, and neck
	200.11	Lymphosarcoma, lymph nodes of head, face, and neck
	200.21	Burkitt's tumor or lymphoma, lymph nodes of head, face, and neck
	200.81	Other named variants, lymph nodes of head, face, and neck
	201.01	Hodgkin's Paragranuloma, lymph nodes of head, face, and neck
	201.11	Hodgkin's Granuloma, lymph nodes of head, face, and neck
	201.21	Hodgkin's Sarcoma, lymph nodes of head, face, and neck
	201.41	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of head, face, and neck
	201.51	Hodgkin's Disease, Nodular Sclerosis, lymph nodes of head, face, and neck
	201.61	Hodgkin's Disease, Mixed cellularity, lymph nodes of head, face, and neck
	201.71	Hodgkin's Disease, Lymphocytic depletion, lymph nodes of head, face, and neck
	201.91	Hodgkin's Disease, unspecified, lymph nodes of head, face, and neck
	202.01	Nodular Lymphoma, lymph nodes of head, face, and neck
	202.21	Mycosis Fungoides, lymph nodes of head, face, and neck
	202.31	Sezary's Disease, lymph nodes of head, face, and neck

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
              (see guideline on page 72)

V0101   Exclusive check (if match, error) - N019 - Continued

Relational Table	202.41	Leukemic Reticuloendotheliosis, lymph nodes of head, face, and neck
	202.51	Letterer-Siwe Disease, lymph nodes of head, face, and neck
	202.61	Malignant mast cell tumors, lymph nodes of head, face, and neck
	202.81	Other lymphomas, lymph nodes of head, face, and neck
	202.91	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of head, face, and neck

----

V0101   Exclusive check (if match, error) - N020

| Diagnosis Table | 196.1 | Secondary & unspecified malignant neoplasm, intrathoracic lymph nodes |

Relational Table	200.02	Reticulosarcoma, intrathoracic lymph nodes
	200.12	Lymphosarcoma, intrathoracic lymph nodes
	200.22	Burkitt's tumor or lymphoma, intrathoracic lymph nodes
	200.82	Other named variants, intrathoracic lymph nodes
	201.02	Hodgkin's Paragranuloma, intrathoracic lymph nodes
	201.12	Hodgkin's Granuloma, intrathoracic lymph nodes
	201.22	Hodgkin's Sarcoma, intrathoracic lymph nodes
	201.42	Hodgkin's Disease, Lymphocytic-histiocytic predominance, intrathoracic lymph nodes
	201.52	Hodgkin's Disease, Nodular Sclerosis, intrathoracic lymph nodes
	201.62	Hodgkin's Disease, Mixed cellularity, intrathoracic lymph nodes
	201.72	Hodgkin's Disease, Lymphocytic depletion, intrathoracic lymph nodes
	201.92	Hodgkin's Disease, unspecified, intrathoracic lymph nodes
	202.02	Nodular Lymphoma, intrathoracic lymph nodes
	202.22	Mycosis Fungoides, intrathoracic lymph nodes
	202.32	Sezary's Disease, intrathoracic lymph nodes
	202.42	Leukemic Reticuloendotheliosis, intrathoracic lymph nodes
	202.52	Letterer-Siwe Disease, intrathoracic lymph nodes

V0101   Exclusive check (if match, error) - N020 - Continued

Relational Table	202.62	Malignant mast cell tumors, intrathoracic lymph nodes
	202.82	Other lymphomas, intrathoracic lymph nodes
	202.92	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, intrathoracic lymph nodes

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
(see guideline on page 72)

V0101   Exclusive check (if match, error) - N021

Diagnosis Table	196.2	Secondary & unspecified malignant neoplasm, intra-abdominal lymph nodes
Relational Table	200.03	Reticulosarcoma, intra-abdominal lymph nodes
	200.13	Lymphosarcoma, intra-abdominal lymph nodes
	200.23	Burkitt's tumor or lymphoma, intra-abdominal lymph nodes
	200.83	Other named variants, intra-abdominal lymph nodes
	201.03	Hodgkin's Paragranuloma, intra-abdominal lymph nodes
	201.13	Hodgkin's Granuloma, intra-abdominal lymph nodes
	201.23	Hodgkin's Sarcoma, intra-abdominal lymph nodes
	201.43	Hodgkin's Disease, Lymphocytic-histiocytic predominance, intra-abdominal lymph nodes
	201.53	Hodgkin's Disease, Nodular Sclerosis, intra-abdominal lymph nodes
	201.63	Hodgkin's Disease, Mixed cellularity, intra-abdominal lymph nodes
	201.73	Hodgkin's Disease, Lymphocytic depletion, intra-abdominal lymph nodes
	201.93	Hodgkin's Disease, unspecified, intra-abdominal lymph nodes
	202.03	Nodular Lymphoma, intra-abdominal lymph nodes
	202.23	Mycosis Fungoides, intra-abdominal lymph nodes
	202.33	Sezary's Disease, intra-abdominal lymph nodes
	202.43	Leukemic Reticuloendotheliosis, intra-abdominal lymph nodes
	202.53	Letterer-Siwe Disease, intra-abdominal lymph nodes
	202.63	Malignant mast cell tumors, intra-abdominal lymph nodes
	202.83	Other lymphomas, intra-abdominal lymph nodes
	202.93	Other & unspecified malignant neoplasms (abdominal)

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
(see guideline on page 72)

V0101   Exclusive check (if match, error) - N022

Diagnosis Table	196.3	Secondary & unspecified malignant neoplasm, lymph nodes of axilla and upper limb
Relational Table	200.04	Reticulosarcoma, lymph nodes of axilla and upper limb
	200.14	Lymphosarcoma, lymph nodes of axilla and upper limb
	200.24	Burkitt's tumor or lymphoma, lymph nodes of axilla and upper limb
	200.84	Other named variants, lymph nodes of axilla and upper limb
	201.04	Hodgkin's Paragranuloma, lymph nodes of axilla and upper limb
	201.14	Hodgkin's Granuloma, lymph nodes of axilla and upper limb
	201.24	Hodgkin's Sarcoma, lymph nodes of axilla and upper limb
	201.44	Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of axilla and upper limb
	201.54	Hodgkin's Disease, Nodular Sclerosis, lymph nodes of axilla and upper limb
	201.64	Hodgkin's Disease, Mixed cellularity, lymph nodes of axilla and upper limb
	201.74	Hodgkin's Disease, Lymphocytic depletion, lymph nodes of axilla and upper limb
	201.94	Hodgkin's Disease, unspecified, lymph nodes of
	202.04	Nodular Lymphoma, lymph nodes of axilla and upper limb
	202.24	Mycosis Fungoides, lymph nodes of axilla and upper limb
	202.34	Sezary's Disease, lymph nodes of axilla and upper limb
	202.44	Leukemic Reticuloendotheliosis, lymph nodes of axilla and upper limb
	202.54	Letterer-Siwe Disease, lymph nodes of axilla and upper limb
	202.64	Malignant mast cell tumors, lymph nodes of axilla and upper limb
	202.84	Other lymphomas, lymph nodes of axilla and upper limb
	202.94	Other & unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of axilla and upper limb

----

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
              (see guideline on page 72)

V0101   Exclusive check (if match, error) - N023

Diagnosis Table   196.5   Secondary & unspecified malignant neoplasm, lymph nodes of
                                       inguinal region and lower limb

Relational Table   200.05   Reticulosarcoma, lymph nodes of inguinal region and lower limb
                          200.15   Lymphosarcoma, lymph nodes of inguinal region and lower limb
                          200.25   Burkitt's tumor or lymphoma, lymph nodes of inguinal region and
                                       lower limb
                          200.85   Other named variants, lymph nodes of inguinal region and lower
                                       limb
                          201.05   Hodgkin's Paragranuloma, lymph nodes of inguinal region and
                                       lower limb
                          201.15   Hodgkin's Granuloma, lymph nodes of inguinal region and lower
                                       limb
                          201.25   Hodgkin's Sarcoma, lymph nodes of inguinal region and lower
                                       limb
                          201.45   Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph
                                       nodes of inguinal region and lower limb
                          201.55   Hodgkin's Disease, Nodular Sclerosis, lymph nodes of inguinal
                                       region and lower limb
                          201.65   Hodgkin's Disease, Mixed cellularity, lymph nodes of inguinal
                                       region and lower limb
                          201.75   Hodgkin's Disease, Lymphocytic depletion, lymph nodes of
                                       inguinal region and lower limb
                          201.95   Hodgkin's Disease, unspecified, lymph nodes of inguinal region
                                       and lower limb
                          202.05   Nodular Lymphoma, lymph nodes of inguinal region and lower
                                       limb
                          202.25   Mycosis Fungoides, lymph nodes of inguinal region and lower
                                       limb
                          202.35   Sezary's Disease, lymph nodes of inguinal region and lower limb
                          202.45   Leukemic Reticuloendotheliosis, lymph nodes of inguinal region
                                       and lower limb
                          202.55   Letterer-Siwe Disease, lymph nodes of inguinal region and lower
                                       limb
                          202.65   Malignant mast cell tumors, lymph nodes of inguinal region and
                                       lower limb
                          202.85   Other lymphomas, lymph nodes of inguinal region and lower limb
                          202.95   Other & Unspecified malignant neoplasms of lymphoid and
                                       histiocytic tissue, lymph nodes of inguinal region and lower limb

----

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** - CONTINUED
(see guideline on page 72)

V0101   Exclusive check (if match, error) - N024

Diagnosis Table	196.6	Secondary & unspecified malignant neoplasm, intrapelvic lymph nodes
Relational Table	200.06	Reticulosarcoma, intrapelvic lymph nodes
	200.16	Lymphosarcoma, intrapelvic lymph nodes
	200.26	Burkitt's tumor or lymphoma, intrapelvic lymph nodes
	200.86	Other named variants, intrapelvic lymph nodes
	201.06	Hodgkin's Paragranuloma, intrapelvic lymph nodes
	201.16	Hodgkin's Granuloma, intrapelvic lymph nodes
	201.26	Hodgkin's Sarcoma, intrapelvic lymph nodes
	201.46	Hodgkin's Disease, Lymphocytic-histiocytic predominance, intrapelvic lymph nodes
	201.56	Hodgkin's Disease, Nodular Sclerosis, intrapelvic lymph nodes
	201.66	Hodgkin's Disease, Mixed cellularity, intrapelvic lymph nodes
	201.76	Hodgkin's Disease, Lymphocytic depletion, intrapelvic lymph nodes
	201.96	Hodgkin's Disease, unspecified, intrapelvic lymph nodes
	202.06	Nodular Lymphoma, intrapelvic lymph nodes
	202.26	Mycosis Fungoides, intrapelvic lymph nodes
	202.36	Sezary's Disease, intrapelvic lymph nodes
	202.46	Leukemic Reticuloendotheliosis, intrapelvic lymph nodes
	202.56	Letterer-Siwe Disease, intrapelvic lymph nodes
	202.66	Malignant mast cell tumors, intrapelvic lymph nodes
	202.86	Other lymphomas, intrapelvic lymph nodes
	202.96	Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, intrapelvic lymph nodes

----

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** - CONTINUED
            (see guideline on page 72)

V0101   Exclusive check (if match, error) - N025

Diagnosis Table   196.8   Secondary & unspecified malignant neoplasm, lymph nodes of multiple sites

Relational Table   200.08   Reticulosarcoma, lymph nodes of multiple sites
                         200.18   Lymphosarcoma, lymph nodes of multiple sites
                         200.28   Burkitt's tumor or lymphoma, lymph nodes of multiple sites
                         200.88   Other named variants, lymph nodes of multiple sites
                         201.08   Hodgkin's Paragranuloma, lymph nodes of multiple sites
                         201.18   Hodgkin's Granuloma, lymph nodes of multiple sites
                         201.28   Hodgkin's Sarcoma, lymph nodes of multiple sites
                         201.48   Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes of multiple sites
                         201.58   Hodgkin's Disease, Nodular Sclerosis, lymph nodes of multiple sites
                         201.68   Hodgkin's Disease, Mixed cellularity, lymph nodes of multiple sites
                         201.78   Hodgkin's Disease, Lymphocytic depletion, lymph nodes of multiple sites
                         201.98   Hodgkin's Disease, unspecified, lymph nodes of multiple sites
                         202.08   Nodular Lymphoma, lymph nodes of multiple sites
                         202.28   Mycosis Fungoides, lymph nodes of multiple sites
                         202.38   Sezary's Disease, lymph nodes of multiple sites
                         202.48   Leukemic Reticuloendotheliosis, lymph nodes of multiple sites
                         202.58   Letterer-Siwe Disease, lymph nodes of multiple site
                         202.68   Malignant mast cell tumors, lymph nodes of multiple sites
                         202.88   Other lymphomas, lymph nodes of multiple sites
                         202.89   Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes of multiple sites

----

V0101   **LYMPHOMA versus METASTATIC CA LYMPH NODES** – CONTINUED
              (see guideline on page 72)

V0101   Exclusive check (if match, error) - N026

Diagnosis Table   196.9   Secondary & unspecified malignant neoplasm, lymph nodes, unspecified site

Relational Table   200.00   Reticulosarcoma, lymph nodes, unspecified site
                         200.10   Lymphosarcoma, lymph nodes, unspecified site
                         200.20   Burkitt's tumor or lymphoma, lymph nodes, unspecified site
                         200.80   Other named variants, lymph nodes, unspecified site
                         201.00   Hodgkin's Paragranuloma, lymph nodes, unspecified site
                         201.10   Hodgkin's Granuloma, lymph nodes, unspecified site
                         201.20   Hodgkin's Sarcoma, lymph nodes, unspecified site
                         201.40   Hodgkin's Disease, Lymphocytic-histiocytic predominance, lymph nodes, unspecified site
                         201.50   Hodgkin's Disease, Nodular Sclerosis, lymph nodes, unspecified site
                         201.60   Hodgkin's Disease, Mixed cellularity, lymph nodes, unspecified site
                         201.70   Hodgkin's Disease, Lymphocytic depletion, lymph nodes, unspecified site
                         201.90   Hodgkin's Disease, unspecified, lymph nodes,
                         202.00   Nodular Lymphoma, lymph nodes, unspecified site
                         202.20   Mycosis Fungoides, lymph nodes, unspecified site
                         202.30   Sezary's Disease, lymph nodes, unspecified site
                         202.40   Leukemic Reticuloendotheliosis, lymph nodes, unspecified site
                         202.50   Letterer-Siwe Disease, lymph nodes, unspecified site
                         202.60   Malignant mast cell tumors, lymph nodes, unspecified site
                         202.80   Other lymphomas, lymph nodes, unspecified site
                         202.90   Other & Unspecified malignant neoplasms of lymphoid and histiocytic tissue, lymph nodes, unspecified site
----
References: ICD-9-CM Codebook, Tabular, Title "Malignant Neoplasm of Lymphatic and Hematopoietic Tissue (200-208), Excludes notes.

                Coding Clinic for ICD-9-CM, AHA, May-June 1985, pages 3-4, 10; 2nd Quarter 1992, page 4.

V0102   **PERITONEAL ADHESIONS WITH and WITHOUT OBSTRUCTION - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under codes 568.0 and 560.81.

V0102   Exclusive check (if match, error) - R029

Diagnosis Table   568.0   Peritoneal adhesions

Relational Table   537.3   Other obstruction of duodenum
                         560.81   Intestinal or peritoneal adhesions with obstruction

HINT: Read the "Excludes" note under codes 568.0 and 560.81.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0103   **ACUTE CHOLECYSTITIS WITH and WITHOUT STONES - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

                HINT: Read the "Excludes" note under code 575.0 and 575.1.

V0103   Exclusive check (if match, error) - R032

Diagnosis Table   575.0   Acute cholecystitis
                         575.10   Cholecystitis, unspecified
                         575.12   Acute and chronic cholecystitis

Relational Table   574.0x   Calculus of gallbladder with acute cholecystitis [with or without obstruction]
                         574.2x   Calculus of gallbladder without mention of cholecystitis [with or without obstruction]
                         574.3x   Calculus of bile duct with acute cholecystitis [with or without obstruction]
                         574.5x   Calculus of bile duct without mention of cholecystitis [with or without obstruction]
                         574.6x   Calculus of gallbladder and bile duct with acute cholecystitis [with or without obstruction]
                         574.8x   Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with or without obstruction]
                         574.9x   Calculus of gallbladder and bile duct without cholecystitis [with or without obstruction]

                HINT: Read the "Excludes" note under code 575.0 and 575.1.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0104 **CHRONIC CHOLECYSTITIS WITH and WITHOUT STONES - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 575.1.

V0104 Exclusive check (if match, error) - R034

Diagnosis Table		
	575.1	Other cholecystitis *(before 10/1/96)*
	575.10	Cholecystitis, unspecified
	575.11	Other cholecystitis
	575.12	Acute and chronic cholecystitis

Relational Table		
	574.1x	Calculus of gallbladder with other cholecystitis [with or without obstruction]
	574.2x	Calculus of gallbladder without mention of cholecystitis [with or without obstruction]
	574.4x	Calculus of bile duct with other cholecystitis [with or without obstruction]
	574.5x	Calculus of bile duct without mention of cholecystitis [with or without obstruction]
	574.7x	Calculus of gallbladder and bile duct with other cholecystitis [with or without obstruction]
	574.8x	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with or without obstruction]
	574.9x	Calculus of gallbladder and bile duct without cholecystitis [with or without obstruction]

HINT: Read the "Excludes" note under code 575.1.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41.

V0105   **OBSTRUCTIVE GALLSTONE with OBSTRUCTIVE GALLBLADDER - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 575.2.

V0105   Exclusive check (if match, error) - R036

Diagnosis Table	575.2	Obstruction of gallbladder
Relational Table	574.01	Calculus of gallbladder with acute cholecystitis [with obstruction]
	574.11	Calculus of gallbladder with other cholecystitis [with obstruction]
	574.21	Calculus of gallbladder without mention of cholecystitis [with obstruction]
	574.61	Calculus of gallbladder and bile duct with acute cholecystitis [with obstruction]
	574.71	Calculus of gallbladder and bile duct with other cholecystitis [with obstruction]
	574.81	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with obstruction]
	574.91	Calculus of gallbladder and bile duct without cholecystitis [with obstruction]

HINT: Read the "Excludes" note under code 575.2.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0106   **OBSTRUCTIVE BILE STONE with OBSTRUCTIVE BILE DUCT - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 576.2.

V0106   Exclusive check (if match, error) - R038

Diagnosis Table	576.2	Obstruction of bile duct
Relational Table	574.31	Calculus of bile duct with acute cholecystitis [with obstruction]
	574.41	Calculus of bile duct with other cholecystitis [with obstruction]
	574.51	Calculus of bile duct without mention of cholecystitis [with obstruction]
	574.61	Calculus of gallbladder and bile duct with acute cholecystitis [with obstruction]
	574.71	Calculus of gallbladder and bile duct with other cholecystitis [with obstruction]
	574.81	Calculus of gallbladder and bile duct with acute and chronic cholecystitis [with obstruction]
	574.91	Calculus of gallbladder and bile duct without cholecystitis [with obstruction]

HINT: Read the "Excludes" note under code 576.2.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0107   **VAGINAL PROLAPSE WITH and WITHOUT UTERINE PROLAPSE - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the titles of the codes and the "Excludes" note under code 618.0.

V0107   Exclusive check (if match, error) - R039

Diagnosis Table	618.0	Prolapse of vaginal walls without mention of uterine prolapse
Relational Table	618.1	Uterine prolapse without mention of vaginal wall prolapse
	618.2	Uterovaginal prolapse, incomplete
	618.3	Uterovaginal prolapse, complete
	618.4	Uterovaginal prolapse, unspecified

HINT: Read the titles of the codes and the "Excludes" note under code 618.0.

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0108   **UTERINE PROLAPSE WITH and WITHOUT VAGINAL PROLAPSE - COMBINATION CODE**

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the titles of the codes and the "Excludes" note under code 618.1.

V0108   Exclusive check (if match, error) - R041

Diagnosis Table   618.1   Uterine prolapse without mention of vaginal wall prolapse

Relational Table   618.0   Prolapse of vaginal walls without mention of uterine prolapse
                                   618.2   Uterovaginal prolapse, incomplete
                                   618.3   Uterovaginal prolapse, complete
                                   618.4   Uterovaginal prolapse, unspecified
----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0109   **CERVICAL SPINAL "CONDITION" with CERVICAL SPINAL DISEASE - COMBINATION CODE**

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the cervical spine are included in the 721-722 code series. Read the Excludes note under category 723. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 723.

Exception: *This guideline can be overridden if the physician states that the cervical spinal condition is NOT due to the cervical spinal disease. Separate codes for cervical spinal condition and cervical spinal disease would then be acceptable.*

V0109   Exclusive check (if match, error) - R044

Diagnosis Table	723.0	Spinal stenosis in cervical region
	723.1	Cervicalgia
	723.2	Cervicocranial syndrome
	723.3	Cervicobrachial syndrome (diffuse)
	723.4	Brachial neuritis or radiculitis, NOS
	723.5	Torticollis, unspecified
	723.6	Panniculitis specified as affecting neck
	723.7	Ossification of posterior longitudinal ligament in cervical region
Relational Table	721.0	Cervical spondylosis without myelopathy
	721.1	Cervical spondylosis with myelopathy
	722.0	Displacement of cervical intervertebral disc without myelopathy
	722.4	Degeneration of cervical intervertebral disc
	722.71	Intervertebral disc disorder with myelopathy, cervical region
	722.81	Postlaminectomy syndrome, cervical region
	722.91	Other and unspecified disc disorder, cervical region

V0109   **CERVICAL SPINAL "CONDITION" with CERVICAL SPINAL DISEASE - COMBINATION CODE** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0110   THORACIC SPINAL "CONDITION" with THORACIC SPINAL DISEASE - COMBINATION CODE

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the thoracic spine are included in the 721-722 code series. Read the Excludes note under category 724. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 724.

Exception*: This guideline can be overridden if the physician states that the thoracic spinal condition is NOT due to the thoracic spinal disease. Separate codes for thoracic spinal condition and thoracic spinal disease would then be acceptable.*

V0110   Exclusive check (if match, error) - R046

Diagnosis Table	724.01	Spinal stenosis, thoracic region
	724.1	Pain in thoracic spine
	724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
	724.5	Backache, unspecified
Relational Table	721.2	Thoracic spondylosis without myelopathy
	721.41	Thoracic spondylosis with myelopathy
	722.11	Thoracic intervertebral disc without myelopathy
	722.31	Schmorl's nodes, thoracic region
	722.51	Degeneration of thoracic or thoracolumbar intervertebral disc
	722.72	Intervertebral disc disorder with myelopathy, thoracic region
	722.82	Postlaminectomy syndrome, thoracic region
	722.92	Other and unspecified disc disorder, thoracic region

V0110   **THORACIC SPINAL "CONDITION" with THORACIC SPINAL DISEASE - COMBINATION CODE** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0111   **LUMBAR SPINAL CONDITION with LUMBAR SPINAL DISEASE - COMBINATION CODE**

Guideline: Symptoms and signs associated with (due to) spondylosis and allied disorders or intervertebral disc disorders of the lumbar spine are included in the 721-722 code series. Read the Excludes note under category 724. Both conditions do not need to be coded.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under category 724.

Exception: *This guideline can be overridden if the physician states that the lumbar spinal condition is NOT due to the lumbar spinal disease. Separate codes for lumbar spinal condition and lumbar spinal disease would then be acceptable.*

V0111   Exclusive check (if match, error) - R048

Diagnosis Table	724.02	Spinal stenosis, lumbar region
	724.2	Lumbago
	724.3	Sciatica
	724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
	724.5	Backache, unspecified
	724.6	Disorders of sacrum
	724.70	Unspecified disorder of coccyx
	724.71	Hypermobility of coccyx
	724.79	Other disorders of coccyx
Relational Table	721.3	Lumbosacral spondylosis without myelopathy
	721.42	Lumbar spondylosis with myelopathy
	722.10	Lumbar intervertebral disc without myelopathy
	722.32	Schmorl's nodes, lumbar region
	722.52	Degeneration of lumbar or lumbosacral intervertebral disc
	722.73	Intervertebral disc disorder with myelopathy, lumbar region
	722.83	Postlaminectomy syndrome, lumbar region
	722.93	Other and unspecified disc disorder, lumbar region

V0111   **LUMBAR SPINAL CONDITION with LUMBAR SPINAL DISEASE - COMBINATION CODE** - CONTINUED
(see guideline on page 91)

Reference: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8; 2nd Quarter 1989, page 14; 3rd Quarter 1994, page 14.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994, pages 11-12, 43, 204.

V0112   ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES

Guideline: Multiple coding is commonly used with codes from this chapter because a patient often has more than one condition that affects the obstetrical experience. It is important that the coder recognize that certain combinations of fifth digits are illogical for the **same** episode of care:

.0 cannot be used with any other fifth digit.

.1 and 2 can be used for the same episode but not with any other fifth digit.

.3 and 4 cannot be used together or with any other fifth digit.

V0112   Exclusive Check (if match, error) - O001

Diagnosis Table	640.0x - 648.9x with 5th digit **"0"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"0"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"0"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"0"**	Complications of the puerperium
Relational Table	640.0x - 648.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"1"**, **"2", "3", or "4"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"1"**, **"2", "3", or "4"**	Complications of the puerperium

----

V0112   **ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES** - CONTINUED (see guideline on page 93)

V0112   Exclusive Check (if match, error) - O002

Diagnosis Table	640.0x - 648.9x with 5th digit "**1**"	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit "**1**"	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit "**1**"	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**1**"	Complications of the puerperium
Relational Table	640.0x - 648.9x with 5th digit **"3" or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3" or "4"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"3" or "4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"3" or "4"**	Complications of the puerperium

----

V0112   Exclusive Check (if match, error) - O003

Diagnosis Table	640.0x - 648.9x with 5th digit "**2**"	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit "**2**"	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit "**2**"	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit "**2**"	Complications of the puerperium
Relational Table	640.0x - 648.9x with 5th digit **"3" or "4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3" or "4"**	Other indications for care in pregnancy, care and delivery

V0112   **ILLOGICAL COMBINATIONS OF FIFTH DIGITS FOR OBSTETRICAL DIAGNOSES -**
CONTINUED (see guideline on page 93)

V0112   Exclusive Check (if match, error) - O003 - Continued

Relational Table	660.0x - 669.9x with 5th digit **"3" or "4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"3" or "4"**	Complications of the puerperium

----

V0112   Exclusive Check (if match, error) - O004

Diagnosis Table	640.0x - 648.9x with 5th digit **"3"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"3"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"3"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"3"**	Complications of the puerperium
Relational Table	640.0x - 648.9x with 5th digit **"4"**	Complications relating to pregnancy
	651.0x - 659.9x with 5th digit **"4"**	Other indications for care in pregnancy, care and delivery
	660.0x - 669.9x with 5th digit **"4"**	Complications occurring in the course of labor and delivery
	670.0x - 676.9x with 5th digit **"4"**	Complications of the puerperium

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, Complications of Pregnancy, Childbirth, and the Puerperium, page 179.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, Complications of Pregnancy, Childbirth, and the Puerperium, page 206.

Steps to Coding with ICD-9-CM Module II, CHIA, 1991, page 157.

V0113   **SUPERVISION OF PREGNANCY (V22) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODE BOOK**

Guideline: Codes from V22 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V22, Normal pregnancy, would never be used as a principal diagnosis for an inpatient admission, but it would be appropriate for coding the reason for encounter in a physician's office or in an outpatient clinic. It can also be used for coding an <u>admitting</u> diagnosis when it is required to be reported.

V0113   Exclusive check (if match, error) - W001

Diagnosis Table	V22.0	Supervision of normal first pregnancy
	V22.1	Supervision of other normal pregnancy
	V22.2	Pregnant state, incidental
Relational Table	630-677	Complications of Pregnancy, Childbirth, and the Puerperium

---

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 185; 1991, pages 213-214; 1994, pages 223 and 227.

Steps to Coding ICD-9-CM Module 2, CHIA, 1991, pages 37 and 171.

Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1984, page 18; 1st Quarter 1990, page 10.

~~V0114   SUPERVISION OF HIGH-RISK PREGNANCY (V23) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODEBOOK~~

- coding edit turned off as of 10/1/96

Guideline: Codes from V23 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V23 is used to identify a poor obstetrical history as the reason for care in a patient who is currently free of the historical condition. These codes from category V23 are not used when the complication is present with the current pregnancy. Code V23.7, Insufficient prenatal care, is an exception to this guideline and is not included in this edit. These codes from category V23 are primarily useful for coding prenatal care in an ambulatory setting.

V0114   Exclusive check (if match, error) - W002

Diagnosis Table		
	V23.0	Pregnancy with history of infertility
	V23.1	Pregnancy with history of trophoblastic disease
	V23.2	Pregnancy with history of abortion
	V23.3	Grand multiparity
	V23.4x	Pregnancy with other poor obstetric history
	V23.5	Pregnancy with other poor reproductive history
	V23.8	Other high-risk pregnancy
	V23.9	Unspecified high-risk pregnancy

Relational Table		
	630-677	Complications of Pregnancy, Childbirth, and the Puerperium

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, pages 213-214 and 1989 version, pages 185-186; 1994, page 227.

Steps to Coding ICD-9-CM Module 2, CHIA, 1991, pages 37 and 171-172.

Coding Clinic for ICD-9-CM, AHA, lst Quarter 1990, page 10.

JAMRA, August 1989, page 19.

Letter #195.891 From Central Office on ICD-9-CM responding to Ginger's question about the usage of V23 codes - dated 03-23-92.

Letter From Department of Health & Human Services responding to Ginger's question about code V23.7 - dated 08-02-93.

V0115 **POSTPARTUM CARE AND EXAMINATION (V24) with OTHER OBSTETRICAL CODES FROM CHAPTER 11 IN THE ICD-9-CM CODEBOOK**

Guideline: Codes from V24 series are never used in combination with a code from Chapter 11 of the ICD-9-CM codebook. Category V24 is used primarily for outpatient follow-up visits. When a patient is admitted for routine postpartum care immediately following a delivery outside the hospital, V24.0 is assigned as the principal diagnosis. If there were any postpartum complications, the appropriate code from chapter 11 of ICD-9-CM with fifth digit 2 or 4 would be assigned, not V24.0.

V0115 Exclusive check (if match, error) - W003

Diagnosis Table	V24.0	Postpartum care immediately after delivery
	V24.1	Lactating mother
	V24.2	Routine postpartum follow-up *(for outpatient encounters of postdelivery visits)*

| Relational Table | 630-677 | Complications of Pregnancy, Childbirth, and the Puerperium |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 185-186; 1991, page 214; 1994, page 228.

Steps to Coding with ICD-9-CM Module 2, CHIA, 1991, pages 37 and 172.

V0116   **STERILIZATION (V25.2) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS with DELIVERY DIAGNOSIS CODES**

<u>Guideline:</u>   When a sterilization procedure is performed for contraceptive purposes during the same admission as that for delivery, code V25.2, Sterilization, is assigned as a <u>secondary</u> code, with a code from ICD-9-CM chapter 11 assigned as the principal diagnosis. When sterilization is the incidental result of obstetrical surgery, the V code is not assigned.

V0116   Exclusive check (if match, error) - W004

Diagnosis Table	V25.2	Sterilization
Relational Table	640-676 with fifth digits "**1**" or "**2**"	Delivery only

----

<u>References:</u>   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 64-65 and 186-187; 1991, pages 70-71 and 215; 1994, pages 229-230.

Steps to Coding with ICD-9-CM Module 2, CHIA, 1991, page 174.

V0117   ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES

Guideline: A code from category V27 may be used as an additional code to provide such information as whether a live birth resulted or whether multiple births occurred. To locate the code assignment for outcome of delivery, the coder should refer to the main term "Outcome of delivery" in the ICD-9-CM alphabetic index of diseases. It may be necessary to refer to the newborn's medical record for this information. The coder should not assume that the outcome of delivery is single or live; for example: an outcome of single liveborn infant does not logically relate to the twin pregnancy or pregnancy with intrauterine death. The only outcome of delivery code that can be used with code 650 is V27.0, Single outcome. Any other outcome for code 650 represents a complication.

HINT: For twin pregnancies, codes V27.2-V27.4 would be more appropriate.

HINT: For multiple, triplet, or quadruplet pregnancies, codes V27.5-V27.7 would be more appropriate.

HINT: For intrauterine death pregnancies, codes V27.1, V27.4, and V27.7 would be more appropriate.

V0117   Exclusive check (if match, error) - W005

Diagnosis Table	650	Delivery in a completely normal case

Relational Table	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn

HINT: Code V27.0 would be more appropriate.

V0117   **ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES** - CONTINUED (see guideline on page 100)

V0117   Exclusive check (if match, error) - W006

Diagnosis Table	651.01	Twin pregnancy
Relational Table	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn

HINT: Codes V27.2-V27.4 would be more appropriate.

V0117   Exclusive check (if match, error) - W007

Diagnosis Table	651.11	Triplet pregnancy
	651.21	Quadruplet pregnancy
Relational Table	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn

HINT: Codes V27.5-V27.7 would be more appropriate.

V0117   Exclusive check (if match, error) - W008

Diagnosis Table	651.81	Other specified multiple gestation
	651.91	Unspecified multiple gestation
Relational Table	V27.0	Single liveborn
	V27.1	Single stillborn

HINT: Codes V27.5-V27.7 would be more appropriate.

V0117   **ILLOGICAL OUTCOME OF DELIVERY (V27) FOR DELIVERY DIAGNOSIS CODES** -
         CONTINUED (see guideline on page 100)

V0117   Exclusive check (if match, error) - W009

Diagnosis Table   656.41   Intrauterine death

Relational Table   V27.0   Single liveborn
                              V27.2   Twins, both liveborn
                              V27.5   Other multiple birth, all liveborn

         HINT: Codes V27.1, V27.4, and V27.7 would be more appropriate.

References: ICD-9-CM codebook, Codes V27.x, 651.x1 and 656.41.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 177-178;
                1991, pages 212-213; 1994, page 225.

                NOTE: Waiting for response from Coding Clinic's Editorial Advisory Board regarding codes
                651.31, 651.41, 651.51, 651.61 and its relationship to codes V27.x.

V0118   POSTPARTUM CARE (V24) with OUTCOME OF DELIVERY (V27)

Guideline: The coder should not assign a code from category V27 when the mother delivered outside the hospital and was admitted subsequently.

V0118   Exclusive check (if match, error) - W010

Diagnosis Table   V24.0   Postpartum care immediately after delivery
                             V24.1   Lactating mother
                             V24.2   Routine postpartum follow-up

Relational Table   V27.0   Single liveborn
                             V27.1   Single stillborn
                             V27.2   Twins, both liveborn
                             V27.3   Twins, one liveborn and one stillborn
                             V27.4   Twins, both stillborn
                             V27.5   Other multiple birth, all liveborn
                             V27.6   Other multiple birth, some liveborn
                             V27.7   Other multiple birth, all stillborn
                             V27.9   Unspecified outcome of delivery
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 212-214; 1994, page 225.

V0119   **PREGNANCY CODES with NEWBORN CODES**

Guideline: Births in the hospital or immediately prior to admission are classified to categories V30-V39. In coding of the **newborn's** medical record for the hospital episode during which a birth occurs, an appropriate code from categories V30-V39 is assigned and sequenced first, <u>never as a secondary code</u>.

Category V29, Observation and evaluation of newborns and infants for suspected conditions not found, is for use only for health newborns and infants for which no condition after study is found to be present.

V0119   Exclusive check (if match, error) - W011

Diagnosis Table   630-677   Complications of Pregnancy, Childbirth, and the Puerperium

Relational Table   V29.x   Observation and evaluation of newborns and infants for suspected conditions not found
                           V30-V39   Liveborn infants according to type of birth

----

References: ICD-9-CM Codebook, Codes V30-V39 (Liveborn infants according to type of birth) and V27 (Outcome of delivery).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 177 and 207; 1991, pages 213 and 239; 1994, pages 255 and 259.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 21; 1st Quarter 1994, pages 8-9.

**V0120   NORMAL DELIVERY (650) with COMPLICATIONS OF PREGNANCY,
               CHILDBIRTH, AND THE PUERPERIUM**

Guideline: Code 650 is assigned only when labor and delivery as well as the antepartum and postpartum periods are entirely normal. Code 650 applies to the entire obstetrical experience, not just the delivery itself. Code 650 cannot be used with any other code from ICD-9-CM chapter 11 because other codes in categories 640-676 indicate that the obstetrical experience was complicated in some way.

V0120   Exclusive check (if match, error) - O006

Diagnosis Table	650	Delivery in a completely normal case
Relational Table	630-633	Ectopic and molar pregnancy
	634-639	Other pregnancy with abortive outcome
	640-648	Complications mainly related to pregnancy
	651-659	Other indications for care in pregnancy, labor, and delivery
	660-669	Complications occurring mainly in the course of labor and delivery
	670-677	Complications of the puerperium

References: ICD-9-CM Codebook, Tabular section, Code 650.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 181; 1991, page 208; 1994, page 221.

               Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 28.

V0121   **COMPLICATIONS ASSOCIATED with ABORTION**

Guideline: Codes from 634-638 series with an appropriate fourth digit are assigned when a complication occurs during the admission for the abortion, and codes from category 639 are assigned when the patient is readmitted for a complication occurring when treatment for the abortion itself was completed previously. A code from the 634-638 series cannot be assigned with a code from category 639.

V0121   Exclusive check - if match, error - O008

Diagnosis Table   634-638   Other pregnancy with abortive outcome

Relational Table   639   Complications following abortion and ectopic and molar pregnancies

----

References: ICD-9-CM Codebook, Tabular section, Code 639 - read the Note.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 193-194; 1991, pages 223-224; 1994, page 238.

V0122   **COMPLICATIONS (639) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS ON MOLAR AND ECTOPIC PREGNANCIES**

<u>Guideline:</u>   When the complication occurs during an admission to treat the ectopic or molar pregnancy, a code from the 630-633 series is sequenced <u>first</u>, followed by a code from category 639.

When the complication occurs after the initial episode of treatment and discharge, only the code from category 639 is assigned.

V0122   Exclusive check (if match, error) - O010

Diagnosis Table	639	Complications following abortion and ectopic and molar pregnancies
Relational Table	630-633	Ectopic and molar pregnancy

<u>References:</u>   ICD-9-CM Codebook, Tabular section, Code 639 - read the Note.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 199; 1991, pages 228-229; 1994, page 244.

~~V0123~~   **~~PREGNANCY CONDITIONS~~ ~~without~~ ~~FIFTH DIGIT "0" ON ABORTION CASES~~**
- *effective change as of 10/1/95*

Guideline: When a complication of pregnancy has resulted in abortion or has influenced the decision to perform an abortion, a code from categories 640-648 and 651-657 may be used as an <u>additional code</u>. Fifth digit "0" is assigned with codes from these categories when used with an abortive outcome code because the other fifth digits do not apply.

V0123   Exclusive check (if match, error) - O011

Diagnosis Table	630-633	Ectopic and molar pregnancy
	634-639	Other pregnancy with abortive outcome
Relational Table	<u>640-648</u> with 5th digits "**1, 2, 3, 4**"	Complications mainly related to pregnancy
	<u>651-657</u> with 5th digits "**1, 2, 3, 4**"	Other indications for care in pregnancy, labor, and delivery
	<u>660-669</u> with 5th digits "**1, 2, 3, 4**"	Complications occurring in the course of labor and delivery
	<u>670-676</u> with 5th digits "**1, 2, 3, 4**"	Complications of the puerperium

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 195; 1991, pages 226; 1994, page 240.

V0124 **OUTCOME OF DELIVERY (V27) FOUND ILLOGICAL with "NON-DELIVERY" OBSTETRICAL CODES**

Guideline: Category V27 is intended for the coding of the outcome of delivery on the mother's record. Category V27 does not logically relate to obstetrical codes 640-648 or 651-676 with fifth digits "3 or 4". Obstetrical fifth digits 3 and 4 are used only when delivery does not occur during the current episode.

V0124   Exclusive Check (if match, error) - W013

Diagnosis Table ODX		
	V27.0	Single liveborn
	V27.1	Single stillborn
	V27.2	Twins, both liveborn
	V27.3	Twins, one liveborn and one stillborn
	V27.4	Twins, both stillborn
	V27.5	Other multiple birth, all liveborn
	V27.6	Other multiple birth, some liveborn
	V27.7	Other multiple birth, all stillborn
	V27.9	Unspecified outcome of delivery

Relational Table		
	640-648 with 5th digits "**3**, **4**"	Complications mainly related to pregnancy
	651-659 with 5th digits "**3**, **4**,"	Other indications for care in pregnancy, labor, and delivery
	660-669 with 5th digits "**3**, **4**"	Complications occurring mainly in the course of labor and delivery
	670-676 with 5th digits "**3**, **4**"	Complications of the puerperium

----

References: ICD-9-CM Codebook, Code V27 - read the Note.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 179; 1991, page 206.

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES**

Guideline: Injuries due to birth injuries are classified to Chapter 15 of ICD-9-CM (perinatal conditions). If the injuries actually occurred in the birth process, ICD-9-CM refers coders to "Birth" section in the alphabetic index for proper coding of birth injuries. If congenital dislocation is documented, ICD-9-CM refers coders to "Dislocation, congenital" in the alphabetic index.

Exception: If a traumatic injury occurred after birth (i.e. fall) during hospitalization, please override this edit.

V0125   Exclusive check (if match, error) - W014

Diagnosis Table	V30.0x	Single liveborn, born in hospital
	V31.0x	Twin, mate liveborn, born in hospital
	V32.0x	Twin, mate stillborn, born in hospital
	V33.0x	Twin, unspecified, born in hospital
	V34.0x	Other multiple liveborn, mates all liveborn, born in hospital
	V35.0x	Other multiple liveborn, mates all stillborn, born in hospital
	V36.0x	Other multiple liveborn, mates live- and stillborn, born in hospital
	V37.0x	Other multiple liveborn, unspecified, born in hospital
	V39.0x	Liveborn, unspecified, born in hospital

Relational Table	800.xx	Fracture, vault of skull
	801.xx	Fracture, base of skull
	802.xx	Fracture, face bones
	803.xx	Other and unqualified skull fractures
	804.xx	Multiple fractures involving skull or face with other bones
	805.xx	Fracture, vertebral column/no spinal cord injury
	806.xx	Fracture, vertebral column with spinal cord injury
	807.xx	Fracture, rib(s), sternum, larynx, and trachea
	808.xx	Fracture, pelvis
	809.x	Fracture, bones of trunk, ill-defined
	810.xx	Fracture, clavicle
	811.xx	Fracture, scapula
	812.xx	Fracture, humerus
	813.xx	Fracture, radius and ulna
	814.xx	Fracture, carpal bone
	815.xx	Fracture, metacarpal bone
	816.xx	Fracture, one or more phalanges of hand
	817.x	Multiple fractures, hand bones
	818.x	Fractures, upper limb, ill-defined

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see guideline on page 110)

V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table	819.x	Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum
	820.xx	Fracture, neck of femur
	821.xx	Fracture, other and unspecified parts of femur
	822.x	Fracture, patella
	823.xx	Fracture, tibia and fibula
	824.x	Fracture, ankle
	825.xx	Fracture, one or more tarsal and metatarsal bones
	826.x	Fracture, one or more phalanges of foot
	827.x	Other, multiple, and ill-defined fractures of lower limb
	828.x	Multiple fractures, both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
	829.x	Fracture, unspecified bones
	830.x	Dislocation, jaw
	831.xx	Dislocation, shoulder
	832.xx	Dislocation, elbow
	833.xx	Dislocation, wrist
	834.xx	Dislocation, finger
	835.xx	Dislocation, hip
	836.xx	Dislocation, knee
	837.x	Dislocation, ankle
	838.xx	Dislocation, foot
	839.xx	Other, multiple, and ill-defined dislocations
	850.xx	Concussion
	851.xx	Cerebral laceration and contusion
	852.xx	Subarachnoid, subdural, and extradural hemorrhage, following injury
	853.xx	Other and unspecified intracranial hemorrhage, following injury
	854.xx	Intracranial injury of other and unspecified nature
	860.xx	Traumatic pneumothorax and hemothorax
	861.xx	Injury to heart and lung
	862.xx	Injury to other and unspecified intrathoracic organs
	863.xx	Injury to gastrointestinal tract

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see

----
V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table		
	864.xx	Injury to liver
	865.xx	Injury to spleen
	866.xx	Injury to kidney
	867.x	Injury to pelvic organs
	868.xx	Injury to other intra-abdominal organs
	869.x	Internal injury to unspecified or ill-defined organs
	870.x	Open wound, ocular adnexa
	871.x	Open wound, eyeball
	872.xx	Open wound, ear
	873.xx	Other open wound, head
	874.xx	Open wound, neck
	875.x	Open wound, chest wall
	876.x	Open wound, back
	877.x	Open wound, buttock
	878.x	Open wound, genital organs (external), including traumatic amputation
	879.x	Open wound, other and unspecified sites, except limbs
	880.xx	Open wound, shoulder and upper arm
	881.xx	Open wound, elbow, forearm, and wrist
	882.x	Open wound, hand except finger(s) alone
	883.x	Open wound, finger(s)
	884.x	Open wound, multiple and unspecified sites of upper limb
	885.x	Traumatic amputation, thumb
	886.x	Traumatic amputation, other finger
	887.x	Traumatic amputation, arm and hand
	890.x	Open wound, hip and thigh
	891.x	Open wound, knee, leg (except thigh), and ankle
	892.x	Open wound, foot except toe(s) alone
	893.x	Open wound, toe(s)
	894.x	Open wound, multiple and unspecified sites of lower limb
	895.x	Traumatic amputation, toe(s)
	896.x	Traumatic amputation, foot
	897.x	Traumatic amputation, leg
	900.xx	Injury, blood vessels, head and neck
	901.xx	Injury, blood vessels, thorax
	902.xx	Injury, blood vessels, abdomen and pelvis
	903.xx	Injury, blood vessels, upper extremity

V0125   **NEWBORN WITH BIRTH INJURIES versus TRAUMATIC INJURIES** - CONTINUED (see guideline on page 110)

V0125   Exclusive check (if match, error) - W014 - Continued

Relational Table		
	904.xx	Injury, blood vessels, lower extremity and unspecified sites
	905.x	Late effects, musculoskeletal and connective tissue injuries
	906.x	Late effects, skin and subcutaneous tissue injuries
	907.x	Late effects, nervous system injuries
	908.x	Late effects, other and unspecified injuries
	909.x	Late effects, other and unspecified external causes
	910.x	Superficial injury, face, neck, and scalp except eye
	911.x	Superficial injury, trunk
	912.x	Superficial injury, shoulder and upper arm
	913.x	Superficial injury, elbow, forearm, and wrist
	914.x	Superficial injury, hand(s) except finger(s) alone
	915.x	Superficial injury, finger(s)
	916.x	Superficial injury, hip, thigh, leg, and ankle
	917.x	Superficial injury, foot and toe(s)
	918.x	Superficial injury, eye and adnexa
	919.x	Superficial injury, other, multiple, and unspecified sites
	920	Contusion, face, scalp, and neck except eye(s)
	921.x	Contusion, eye and adnexa
	922.x	Contusion, trunk
	923.x	Contusion, upper limb
	924.xx	Contusion, lower limb and other/unspecified sites
	925.x	Crushing injury, face, scalp and neck
	926.xx	Crushing injury, trunk
	927.xx	Crushing injury, upper limb
	928.xx	Crushing injury, lower limb
	929.x	Crushing injury, multiple and unspecified sites

References: ICD-9-CM Codebook, Alphabetic Index "Birth", "Fracture, due to birth injury", "Pneumothorax, fetus/newborn", "Cephalohematoma, fetus/newborn", "Ecchymoses, newborn", "Injury, birth", "Dislocation, congenital", "Laceration, cerebral, during birth."

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 284-285; 1991, page 312; 1994, page 332 - "Fractures Classified Elsewhere" AND 1991, page 232; 1994, page 248 - "Congenital deformities versus Perinatal deformities."

V0126   **NEWBORN with PSYCHIATRIC MENTAL DISORDERS**

Guideline: When a live birth occurs, an appropriate code from categories V30-V39 is assigned and sequenced first. Newborns with problems do not warrant a diagnosis of a mental disorder. Psychiatric conditions need to be worked up thoroughly after birth before a diagnosis of mental disorder is made. It is not logical to report some mental disorders for live births.

Examples of diagnoses should be classified to the Chapters 14 or 15 of the ICD-9-CM Codebook:

Respiratory depression of newborn should have a diagnosis code 770.8, instead of diagnosis code 311 (depression).

Drug withdrawal syndrome in newborn should have a diagnosis code 779.5, instead of diagnosis code 292.0 (drug withdrawal syndrome).

V0126   Exclusive Check (if match, error) - W015

Diagnosis Table   V30-V39   Liveborn infants according to type of birth (except 4th digit "2")

Relational Table   290 - 316   Mental Disorders

References: ICD-9-CM Codebook, Index List, various terms such as Disorder, Mental; Depression, respiratory center, newborn; Syndrome, drug withdrawal; Maternal condition affecting fetus or newborn; Birth; etc.

V0127   **SEPTIC SHOCK INVALID AS <u>PRINCIPAL</u> DIAGNOSIS WHEN SEPTICEMIA IS PRESENT**

Guideline: When the diagnosis of septicemia with shock or the diagnosis of general sepsis with septic shock is documented, the septicemia should be coded and listed first, and the septic shock code should be reported as a secondary condition.

V0127   Exclusive check (if match, error) - X024

Diagnosis Table	785.59	Shock

Relational Table	038.0	Streptococcal septicemia
	038.1x	Staphylococcal septicemia
	038.2	Pneumococcal septicemia
	038.3	Septicemia due to anaerobes
	038.40	Septicemia due to gram-negative organism, unspecified
	038.41	Septicemia due to hemophilus influenzae
	038.42	Septicemia due to Escherichia coli
	038.43	Septicemia due to Pseudomonas
	038.44	Septicemia due to Serratia
	038.49	Septicemia due to other gram-negative organisms
	038.8	Other specified septicemias
	038.9	Unspecified septicemia

References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1988, pages 1-3; 3rd Quarter 1988, page 12; 4th Quarter 1988, page 10.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 91; 1991, pages 99-100; 1994, page 90.

V0128   EXTENT OF BURN - 5TH DIGIT FOR THIRD DEGREE INVALID FOR CATEGORY 948

Guideline: Category 948 is based on the classic "rules of nines" in estimating body surface involved: head and neck are assigned 9%, each arm 9%, each leg 18%, the anterior trunk 18%, the posterior trunk 18%, and genitalia 1%. Physicians may change these percentage assignments for burns where necessary to accommodate infants and children who have proportionately larger heads than adults and patients who have large buttocks, thighs, or abdomen.

In category 948, the 4th digit indicates the percentage of body surface involved in all types of burns, and the 5th digit indicates the percentage of total body surface involved in 3rd degree burn only. When using category 948 as an additional code, the 5th digit should correspond to the percentage of body surface involved in 3rd degree. For some sites indicating more than 10% with 3rd degree (see the codes listed below in the diagnosis table), it is illogical to have code 948.x with 5th digit "0" (third degree less than 10%).

Exception: If the affected burn site is coded to the highest degree and the extent of the 3rd degree burn is actually less than 10% in the same site, override the edit.

V0128   Exclusive check (if match, error) - X025

Diagnosis Table	942.30	Burn (3rd degree, NOS) - trunk, unspecified site (18%)
	942.32	Burn (3rd degree, NOS) - chest wall (18%)
	942.33	Burn (3rd degree, NOS) - abdominal wall (18%)
	942.34	Burn (3rd degree, NOS) - back (18%)
	942.39	Burn (3rd degree, NOS) - other/multiple sites of trunk (18%)
	942.40	Burn (Deep 3rd degree) - trunk, unspecified site (18%)
	942.42	Burn (Deep 3rd degree) - chest wall (18%)
	942.43	Burn (Deep 3rd degree) - abdominal wall (18%)
	942.44	Burn (Deep 3rd degree) - back (18%)
	942.49	Burn (Deep 3rd degree) - other/multiple sites of trunk (18%)
	942.50	Burn (Deep 3rd degree/Loss) - trunk, unspecified site (18%)
	942.52	Burn (Deep 3rd degree/Loss) - chest wall (18%)
	942.53	Burn (Deep 3rd degree/Loss) - abdominal wall (18%)
	942.54	Burn (Deep 3rd degree/Loss) - back (18%)
	942.59	Burn (Deep 3rd degree/Loss) - other/multiple sites of trunk (18%)
	945.30	Burn (3rd degree, NOS) - lower limb, unspecified site (18%)
	945.34	Burn (3rd degree, NOS) - lower leg (18%)
	945.36	Burn (3rd degree, NOS) - thigh (18%)
	945.39	Burn (3rd degree, NOS) - multiple sites of lower limb (18%)
	945.40	Burn (Deep 3rd degree) - lower limb, unspecified site (18%)
	945.44	Burn (Deep 3rd degree) - lower leg (18%)
	945.46	Burn (Deep 3rd degree) - thigh (18%)
	945.49	Burn (Deep 3rd degree) - multiple sites of lower limb (18%)
	945.50	Burn (Deep 3rd degree/Loss) - lower limb, unspecified site (18%)
	945.54	Burn (Deep 3rd degree/Loss) - lower leg (18%)
	945.56	Burn (Deep 3rd degree/Loss) - thigh (18%)
	945.59	Burn (Deep 3rd degree/Loss) - multiple sites of lower limb (18%)

V0128   **EXTENT OF BURN - 5TH DIGIT FOR THIRD DEGREE INVALID FOR CATEGORY 948** - CONTINUED (see guideline on page 116)

V0128   Exclusive check (if match, error) - X025 - Continued

Relational Table	948.00	Burn - less than 10% of body surface with less than 10% with 3rd degree
	948.10	Burn - 10-19% of body surface with less than 10% with 3rd degree
	948.20	Burn - 20-29% of body surface with less than 10% with 3rd degree
	948.30	Burn - 30-39% of body surface with less than 10% with 3rd degree
	948.40	Burn - 40-49% of body surface with less than 10% with 3rd degree
	948.50	Burn - 50-59% of body surface with less than 10% with 3rd degree
	948.60	Burn - 60-69% of body surface with less than 10% with 3rd degree
	948.70	Burn - 70-79% of body surface with less than 10% with 3rd degree
	948.80	Burn - 80-89% of body surface with less than 10% with 3rd degree
	948.90	Burn - 90% or more of body surface with less than 10% with 3rd degree

----

References: Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 13; Mar/Apr 1986, pages 9-10; 4th Quarter 1988, pages 3-4.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 298-299; 1991, pages 326-327; 1994, pages 352-353.

V0129   **EXTENT OF BURN (CATEGORY 948) INVALID AS <u>PRINCIPAL</u> DIAGNOSIS WHEN THERE ARE OTHER BURNS LISTED AS SECONDARY DIAGNOSES**

<u>Guideline:</u>   Category 948 can be assigned as a solo burn when the sites involved are not specified or as a <u>secondary</u> code to indicate the amount of body surface involved in the burn for categories 940-947.

V0129   Exclusive check (if match, error) - X023

Diagnosis Table   948   All extent of burns

Relational Table   940-947   All burns

<u>References:</u>   Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1986, pages 9-10; 4th Quarter 1988, pages 3-4.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 298-299; 1991, pages 326-327; 1994, pages 352-353.

V0130   **MENTAL OBSERVATION CODE with MENTAL DIAGNOSIS**

Guideline: DSM-III-R and DSM-IV instruct coders to use V71.09 or 799.9 to indicate that no diagnosis on Axis I or Axis II is available at discharge. Because the DSM-III-R coding guidelines are different from the ICD-9-CM coding guidelines, modifications are required to establish uniformity.

The Psychiatric Health Record Practitioners (PHRP) of the California Health Information Association recognizes the potential problems and states in *PHRP Coding Guidelines*, "Diagnoses must be properly sequenced for submission to Medicare, insurance companies, OSHPD and other agencies. If absolutely necessary, these codes [V71.09 and 799.90] can be used for in-house hospital tracking purposes but do not report to data processor, OSHPD, surveys, etc. This may require re-sequencing diagnoses, if there are diagnoses on Axes I and II." Codes V71.09 and 799.9 fill OSHPD'S database with useless information and should not be reported. **OSHPD would like to reinforce this guideline by requesting that psych facilities should not use these codes (V71.09 and 799.9) when reporting to OSHPD.**

V0130   Exclusive Check (if match, error) - Y001

| Diagnosis Table | 799.9 | Other unknown and unspecified cause |
| | V71.09 | Observation for other suspected mental condition |

| Relational Table | 290.0 - 319 | Mental Disorders |

References: Diagnostic and Statistic Manual of Mental Disorders (Third Edition -Revised) DSM-III-R, American Psychiatric Association, 1987, page 363.

Diagnostic and Statistic Manual of Mental Disorders (Fourth Edition), DSM-IV, American Psychiatric Association, 1994, page 687.

Psychiatric Health Record Practitioners (PHRP) Coding Guidelines, May 1990, Presented by Gayle Old-Smith, RRA, page 5.

CMRA Newsletter, Gayle Old-Smith, RRA, August 1989, page 20.

V0131   GANGRENOUS INGUINAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both gangrenous inguinal hernias diagnosed as recurrent. Two unilateral inguinal hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (550.03).

V0131   Exclusive Check (if match, error) - R049

Diagnosis Table   550.00   Inguinal hernia, with gangrene, unilateral or unspecified (not specified as recurrent)

Relational Table   550.01   Inguinal hernia, with gangrene, unilateral or unspecified, recurrent

----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question)

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0132   **OBSTRUCTIVE INGUINAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both obstructive inguinal hernias diagnosed as recurrent. Two unilateral inguinal hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (550.13).

V0132   Exclusive Check (if match, error) - R051

Diagnosis Table   550.10   Inguinal hernia, with obstruction, unilateral or unspecified (not specified as recurrent)

Relational Table   550.11   Inguinal hernia, with obstruction, unilateral or unspecified, recurrent

----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989; page 140; 1991, page 165.

V0133   **INGUINAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

                 The fifth digit "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed as recurrent. Two unilateral inguinal hernias should be combined into one combination code using the fifth digit "3" (550.93).

V0133   Exclusive Check (if match, error) - R053

Diagnosis Table   550.90   Inguinal hernia, unilateral or unspecified (not specified as recurrent)

Relational Table   550.91   Inguinal hernia, unilateral or unspecified, recurrent

----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

                 ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0134   GANGRENOUS FEMORAL HERNIA WITH and WITHOUT RECURRENCE

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify one or both gangrenous femoral hernias diagnosed as recurrent. Two unilateral femoral hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (551.03).

V0134   Exclusive Check (if match, error) - R055

Diagnosis Table	551.00	Femoral hernia, with gangrene, unilateral or unspecified (not specified as recurrent)
Relational Table	551.01	Femoral hernia, with gangrene, unilateral or unspecified, recurrent

----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0135   **OBSTRUCTIVE FEMORAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify with one or both obstructive femoral hernias diagnosed as recurrent. Two unilateral femoral hernias with one hernia being recurrent should be combined into one combination code using the fifth digit "3" (552.03).

V0135   Exclusive Check (if match, error) - R057

Diagnosis Table   552.00   Femoral hernia, with obstruction, unilateral or unspecified (not specified as recurrent)

Relational Table   552.01   Femoral hernia, with obstruction, unilateral or unspecified, recurrent
----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0136   **FEMORAL HERNIA WITH and WITHOUT RECURRENCE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed as recurrent. Two unilateral femoral hernias should be combined into one combination code using the fifth digit "3" (553.03).

V0136   Exclusive Check (if match, error) - R059

Diagnosis Table	553.00	Femoral hernia, unilateral or unspecified (not specified as recurrent)
Relational Table	553.01	Femoral hernia, unilateral or unspecified, recurrent

---

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

V0137   **INGUINAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with gangrene and obstruction. Two unilateral inguinal hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous inguinal hernia code (550.0x) and the fifth digit "2" or "3".

V0137   Exclusive Check (if match, error) - R061

Diagnosis Table	550.00	Inguinal hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	550.01	Inguinal hernia, with gangrene, unilateral or unspecified, recurrent
	550.02	Inguinal hernia, with gangrene, bilateral, (not specified as recurrent)
	550.03	Inguinal hernia, with gangrene, bilateral, recurrent
Relational Table	550.10	Inguinal hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	550.11	Inguinal hernia, with obstruction, unilateral or unspecified, recurrent
	550.12	Inguinal hernia, with obstruction, bilateral (not specified as recurrent)
	550.13	Inguinal hernia, with obstruction, bilateral, recurrent

----
References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for code description under code 550.0.

V0138   **INGUINAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with gangrene. Two unilateral inguinal hernias with one hernia being gangrene should be combined into one combination code using the gangrenous inguinal hernia code (550.0x) and the fifth digit "2" or "3".

V0138   Exclusive Check (if match, error) - R063

Diagnosis Table		
	550.00	Inguinal hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	550.01	Inguinal hernia, with gangrene, unilateral or unspecified, recurrent
	550.02	Inguinal hernia, with gangrene, bilateral, (not specified as recurrent)
	550.03	Inguinal hernia, with gangrene, bilateral, recurrent
Relational Table	550.90	Inguinal hernia, unilateral or unspecified, not specified as recurrent)
	550.91	Inguinal hernia, unilateral or unspecified, recurrent
	550.92	Inguinal hernia, bilateral, (not specified as recurrent)
	550.93	Inguinal hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage.

V0139   **INGUINAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral inguinal hernias with one or both hernias diagnosed with obstruction. Two unilateral inguinal hernias with one hernia being obstructive should be combined into one combination code using the obstructive hernia code (550.1x) and the fifth digit "2" or "3".

V0139   Exclusive Check (if match, error) - R065

Diagnosis Table   550.10   Inguinal hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)

550.11   Inguinal hernia, with obstruction, unilateral or unspecified, recurrent

550.12   Inguinal hernia, with obstruction, bilateral (not specified as recurrent)

550.13   Inguinal hernia, with obstruction, bilateral, recurrent

Relational Table   550.90   Inguinal hernia, unilateral or unspecified, not specified as recurrent)

550.91   Inguinal hernia, unilateral or unspecified, recurrent

550.92   Inguinal hernia, bilateral, (not specified as recurrent)

550.93   Inguinal hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991, page 165; 1989, page 140.

ICD-9-CM Codebook, Index List for combination usage.

V0140   **FEMORAL HERNIA WITH GANGRENE and OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with gangrene and obstruction. Two unilateral femoral hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous femoral hernia code (551.0x) and the fifth digit "2" or "3".

V0140   Exclusive Check (if match, error) - R067

Diagnosis Table	551.00	Femoral hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	551.01	Femoral hernia, with gangrene, unilateral or unspecified, recurrent
	551.02	Femoral hernia, with gangrene, bilateral, (not specified as recurrent)
	551.03	Femoral hernia, with gangrene, bilateral, recurrent
Relational Table	552.00	Femoral hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
	552.01	Femoral hernia, with obstruction, unilateral or unspecified, recurrent
	552.02	Femoral hernia, with obstruction, bilateral (not specified as recurrent)
	552.03	Femoral hernia, with obstruction, bilateral, recurrent

----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook: Index List for combination usage & Tabular List for code description under category 551, Exclusive notes = categories 552 & 553.

V0141 **FEMORAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with gangrene. Two unilateral femoral hernias with one hernia being gangrene should be combined into one combination code using the gangrenous femoral hernia (551.0x) and the fifth digit "2" or "3".

V0141   Exclusive Check (if match, error) - R069

Diagnosis Table	551.00	Femoral hernia, with gangrene, unilateral or unspecified, not specified as recurrent)
	551.01	Femoral hernia, with gangrene, unilateral or unspecified, recurrent
	551.02	Femoral hernia, with gangrene, bilateral, (not specified as recurrent)
	551.03	Femoral hernia, with gangrene, bilateral, recurrent
Relational Table	553.00	Femoral hernia, unilateral or unspecified, not specified as recurrent)
	553.01	Femoral hernia, unilateral or unspecified, recurrent
	553.02	Femoral hernia, bilateral, (not specified as recurrent)
	553.03	Femoral hernia, bilateral, recurrent

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: page 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0142   **FEMORAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for femoral hernia to indicate whether the hernia is unilateral or bilateral and whether it is recurrent.

The fifth digit "2" or "3" is used to identify bilateral femoral hernias with one or both hernias diagnosed with obstruction. Two unilateral femoral hernias with one hernia being obstructive should be combined into one combination code using the obstructive femoral hernia (552.0x) and the fifth digit "2" or "3".

V0142   Exclusive Check (if match, error) - R071

Diagnosis Table   552.00   Femoral hernia, with obstruction, unilateral or unspecified, (not specified as recurrent)
                            552.01   Femoral hernia, with obstruction, unilateral or unspecified, recurrent
                            552.02   Femoral hernia, with obstruction, bilateral (not specified as recurrent)
                            552.03   Femoral hernia, with obstruction, bilateral, recurrent

Relational Table   553.00   Femoral hernia, unilateral or unspecified, not specified as recurrent)
                            553.01   Femoral hernia, unilateral or unspecified, recurrent
                            553.02   Femoral hernia, bilateral, (not specified as recurrent)
                            553.03   Femoral hernia, bilateral, recurrent
----
References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1991: age 165; 1989: page 140.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0143   **UMBILICAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral umbilical hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous umbilical hernia (551.1).

```
-----------------------------------------------------------------------------
V0143          Exclusive Check (if match, error) - R073
-----------------------------------------------------------------------------
Diagnosis Table            551.1          Umbilical hernia with gangrene

Relational Table           552.1          Umbilical hernia with obstruction
-----------------------------------------------------------------------------
```

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0144   **UMBILICAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral umbilical hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous umbilical hernia (551.1).

V0144   Exclusive Check (if match, error) - R075

Diagnosis Table   551.1   Umbilical hernia with gangrene

Relational Table   553.1   Umbilical hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0145   **UMBILICAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

                Two unilateral umbilical hernias with one hernia being obstructive should be combined into one combination code using the obstructive umbilical hernia (552.1).

V0145   Exclusive Check (if match, error) - R077

Diagnosis Table   552.1   Umbilical hernia with obstruction

Relational Table   553.1   Umbilical hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

                ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

                ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0146   **VENTRAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral ventral hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous ventral hernia (551.20).

V0146   Exclusive Check (if match, error) - R079

Diagnosis Table   551.20   Ventral hernia, unspecified, with gangrene

Relational Table   552.20   Ventral hernia, unspecified, with obstruction
----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note for category 551 and Exclusive Notes under categories 552 and 553.

V0147   **VENTRAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral ventral hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous ventral hernia (551.20).

V0147   Exclusive Check (if match, error) - R081

Diagnosis Table   551.20   Ventral hernia, unspecified, with gangrene

Relational Table   553.20   Ventral hernia, unspecified

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0148   **VENTRAL HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral ventral hernias with one hernia being obstructive should be combined into one combination code using the obstructive ventral hernia (552.20).

V0148   Exclusive Check (if match, error) - R083

Diagnosis Table   552.20   Ventral hernia, unspecified, with obstruction

Relational Table   553.20   Ventral hernia, unspecified

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0149   **DIAPHRAGMATIC HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral diaphragmatic hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous diaphragmatic hernia (551.3).

V0149   Exclusive Check (if match, error) - R085

Diagnosis Table   551.3   Diaphragmatic hernia with gangrene

Relational Table   552.3   Diaphragmatic hernia with obstruction
----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0150   **DIAPHRAGMATIC HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral diaphragmatic hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous diaphragmatic hernia (551.3).

V0150   Exclusive Check (if match, error) - R087

Diagnosis Table   551.3   Diaphragmatic hernia with gangrene

Relational Table   553.3   Diaphragmatic hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0151　　　**DIAPHRAGMATIC HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline:　　Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral diaphragmatic hernias with one hernia being obstructive should be combined into one combination code using the obstructive diaphragmatic hernia (552.3).

V0151　　　　Exclusive Check (if match, error) - R089

Diagnosis Table　　　　　552.3　　　　　Diaphragmatic hernia with obstruction

Relational Table　　　　　553.3　　　　　Diaphragmatic hernia

References:　　Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0152   **INCISIONAL HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral incisional hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous incisional hernia (551.21).

V0152   Exclusive Check (if match, error) - R091

Diagnosis Table   551.21   Incisional hernia with gangrene

Relational Table   552.21   Incisional hernia with obstruction
----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under categories 552 and 553.

V0153   **INCISIONAL HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral incisional hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous incisional hernia (551.21).

V0153   Exclusive Check (if match, error) - R093

Diagnosis Table   551.21   Incisional hernia with gangrene

Relational Table   553.21   Incisional hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0154   INCISIONAL HERNIA WITH and WITHOUT OBSTRUCTION

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral incisional hernias with one hernia being obstructive should be combined into one combination code using the obstructive incisional hernia (552.21).

V0154   Exclusive Check (if match, error) - R095

Diagnosis Table   552.21   Incisional hernia with obstruction

Relational Table   553.21   Incisional hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0155   **EPIGASTRIC HERNIA with GANGRENE AND OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

The ICD-9-CM Index indicates that gangrene includes obstruction for hernia conditions. Two unilateral epigastric hernias with one hernia being gangrenous and one hernia being obstructive should be combined into one combination code using the gangrenous epigastric hernia (551.29).

V0155   Exclusive Check (if match, error) - R097

Diagnosis Table   551.29   Epigastric hernia with gangrene

Relational Table   552.29   Epigastric hernia with obstruction
----

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Inclusive Note under category 551 and Exclusive Notes under categories 552 and 553.

V0156   **EPIGASTRIC HERNIA WITH and WITHOUT GANGRENE**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral epigastric hernias with one hernia being gangrenous should be combined into one combination code using the gangrenous epigastric hernia (551.29).

V0156   Exclusive Check (if match, error) - R099

Diagnosis Table   551.29   Epigastric hernia with gangrene

Relational Table   553.29   Epigastric hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0157   **EPIGASTRIC HERNIA WITH and WITHOUT OBSTRUCTION**

Guideline: Hernias are classified by type and site, with combination codes used to indicate the presence of gangrene or obstruction. Fifth digits are used with codes for inguinal and femoral hernias to indicate whether the hernia is unilateral or bilateral and whether it is recurrent. With other hernias of the abdominal cavity, the 4th digit axis provides this type of detail.

Two unilateral epigastric hernias with one hernia being obstructive should be combined into one combination code using the obstructive epigastric hernia (552.29).

V0157   Exclusive Check (if match, error) - R101

Diagnosis Table   552.29   Epigastric hernia with obstruction

Relational Table   553.29   Epigastric hernia

References: Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 12 (2nd Question).

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 140; 1991, page 165.

ICD-9-CM Codebook, Index List for combination usage and Tabular List for Exclusive Notes under category 553.

V0158   **ABORTION or DELIVERY - WHICH IS IT?**

<u>Guideline:</u>   When a complication of pregnancy has resulted in abortion, a code from categories 640-648 and 651-657 may be used as an additional code. Fifth-digit 0 is assigned with codes from these categories when used with an abortion code because the other fifth digits do not apply.

The term "missed abortion" refers to early fetal death prior to the completion of 22 weeks of gestation, with the fetus retained for a period of time. It is illogical to have a missed abortion and a current pregnancy with delivery (5th digits 1 or 2) appear together on the same record.

If the patient with a diagnosis of multiple gestation suffers early fetal loss (abortion) with one or more remaining fetuses, category 651 (multiple gestation) indicates that this occurred.

V0158   Exclusive Check (if match, error) - O012

Diagnosis Table	632	Missed abortion
Relational Table	640-648 with 5th digits **1 or 2**	Complications mainly related to pregnancy
	652-659 with 5th digits **1 or 2**	Other indications for care in pregnancy, labor, and delivery (Category 651 was excluded)
	660-669 with 5th digits **1 or 2**	Complications occurring mainly in the course of labor and delivery (*except 662.3x*)
	670-676 with 5th digits **1 or 2**	Complications of the puerperium

----
<u>References:</u>   ICD-9-CM Codebook, Tabular List under category 651.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 195 and 198; 1991, pages 226 and 228; 1994, pages 237 and 241.

V0159   **ELDERLY PRIMIGRAVIDA versus OTHER ADVANCED MATERNAL AGE - WHICH IS IT?**

Guideline: One type of the "Excludes" notes indicates that two conditions that appear similar actually have entirely different codes based on etiology. The "Excludes" note under code 659.6 (other advanced maternal age) excludes elderly primigravida (code 659.5). The correct interpretation in such cases is that one or the other should be used, but not both.

V0159   Exclusive Check (if match, error) - O014

Diagnosis Table	659.50	Elderly primigravida, unspecified episode of care
	659.51	Elderly primigravida, delivered with or without mention of antepartum condition
	659.53	Elderly primigravida, antepartum or complication
Relational Table	659.60	Elderly multigravida, unspecified episode of care
	659.61	Elderly multigravida, delivered with or without mention of antepartum condition
	659.63	Elderly multigravida, antepartum or complication

References: ICD-9-CM Codebook, Tabular List, Excludes notes under diagnosis code 659.6.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 12; 1991, page 12; 1994, pages 12-13.

V0160   **MATERNAL CONDITION AFFECTING FETUS/BABY ON MOM'S RECORD**

<u>Guideline:</u>   Although many of the category titles in chapter 15 of ICD-9-CM codebook contain words that appear to refer to a maternal condition, all codes in chapter 15 pertain to the infant and are never assigned to the mother's medical record.

V0160   Exclusive Check (if match, error) - O016

Diagnosis Table   640-677   Complications of pregnancy, childbirth, and the puerperium

Relational Table   760-779   Certain conditions originating in the perinatal period
                                          excludes: 760.76 Diethylstilbestrol (DES) influencing fetus
                                          760.79 Other noxious influences affecting
                                          fetus via placenta or breast milk

----

<u>References:</u>   ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 208; 1991, page 240; 1994, page 255.

760-779	Letter Response #4-91-99 from Central Office on ICD-9-CM; Coding Clinic 1st Quarter 1994, pages 8-12.
760-763	Official Coding Guidelines 6.1, Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 5; 1st Quarter 1994, pages 8-12.
760.7	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, page 21; 2nd Quarter 1992, page 12.
760.75	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1991, page 26; 3rd Quarter 1994, page 6.
764-765	Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15; 2nd Quarter 1991, page 19; 1st Quarter 1994, pages 12-13, 14-15.
768	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 20.
768.4	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 10.
768.5	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, pages 3-4.
768.6	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, pages 3-4.
769	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 6; 1st Quarter 1989, page 10.
770.6	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 6; 1st Quarter 1989, page 10.
770.7	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1986, page 11; 2nd Quarter 1991, page 19.
771	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1985, page 4.
772.1	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1988, page 8; 3rd Quarter 1994, page 8.
773.1	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1992, pages 8-9.
774.2	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, page 21.

V0160 **MATERNAL CONDITION AFFECTING FETUS/BABY ON MOM'S RECORD** - CONTINUED

References:	774.6	Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15; 1st Quarter 1994, pages 11, 13, 14.
	775.0	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, pages 3-12.
	775.1	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1991, pages 3-12.
	779	Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1984, page 11.
	779.3	Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1989, page 15.
	779.5	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1994, page 6.
	779.8	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1994, page 15.

V0161   **CONCUSSION versus SPECIFIED HEAD INJURY**

Guideline: The diagnosis of concussion, category 850, refers to cerebral bruising leading to transient unconsciousness or no loss of consciousness. Patients with head injuries are often dazed for a short period after the head injury impact and it may be difficult to determine if traumatic unconsciousness occurred for one or more minutes. It should be noted that ICD-9-CM provides for the diagnosis of concussion to be classified without known loss of consciousness (code 850.0) based on clinical features of mental confusion or disorientation.

Codes from categories 850 are not assigned when the closed or open head injury is further described as a cerebral contusion or laceration, intracranial hemorrhage, skull fracture, or other specified condition classifiable to codes in the 800-801, 803-804, or 851-854 series. In these series, the use of fifth digits incorporates the presence of a concussion.

V0161   Exclusive check (if match, error) - R009

Diagnosis Table	850.x	Concussion
Relational Table	800.xx	Fracture of vault of skull
	801.xx	Fracture of base of skull
	803.xx	Other and unqualified skull fractures
	804.xx	Multiple fractures involving skull or face with other bones
	851.xx	Cerebral laceration and contusion
	852.xx	Subarachnoid, Subdural, and Extradural hemorrhage, following injury
	853.xx	Other and unspecified intracranial hemorrhage following injury
	854.xx	Intracranial injury of other and unspecified nature

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1990, page 24; 2nd Quarter 1992, page 6; 1st Quarter 1999, page 10.

V0162   HEAD INJURY NOS versus SPECIFIED HEAD INJURY

Guideline: Brain or intracranial injury not otherwise specified is assigned to category 854.

However, codes from categories 854 are not assigned when the closed or open brain or intracranial injury is further described as a cerebral contusion or laceration, intracranial hemorrhage, skull fracture, or other specified condition classifiable to codes in the 800-801, 803-804, or 851-853 series. Read the excludes note under category 854.

V0162   Exclusive check (if match, error) - R010

Diagnosis Table	854.xx	Intracranial injury of other and unspecified nature
Relational Table	800.xx	Fracture of vault of skull
	801.xx	Fracture of base of skull
	803.xx	Other and unqualified skull fractures
	804.xx	Multiple fractures involving skull or face with other bones
	851.xx	Cerebral laceration and contusion
	852.xx	Subarachnoid, Subdural, and Extradural hemorrhage, following injury
	853.xx	Other and unspecified intracranial hemorrhage following injury

----
References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1990, page 24; 2nd Quarter 1992, page 6, 4th Quarter 1997, see page 46.

~~V0163~~ **~~CVA STROKE~~ versus ~~LATE EFFECT OF CVA~~** - *effective change as of 10/1/97*

Guideline: Sequelae of CVA generally occur immediately after the onset of the stroke and may either subside over time or remain for a lifetime. It is not to be used as a secondary diagnosis code for a patient admitted for an initial stroke, <u>even if sequelae from the current stroke are present.</u>

Although the prior CVA is pertinent, the Official Coding Guideline 1.7A states: Do not assign 438 when a current diagnosis classifiable to the 430-437 categories are present. Assign codes for the individual residuals from the old CVA as additional codes for a patient admitted with a current CVA.

V0163   Exclusive check (if match, error) - Y002

Diagnosis Table	438	Late effects of cerebrovascular disease
Relational Table	433.x1	Occlusion and stenosis of precerebral arteries with cerebral infarction
	434.x1	Occlusion and stenosis of cerebral arteries with cerebral infarction
	436	Acute, but ill-defined cerebrovascular disease

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 21; 1st Quarter 1993, page 27.

V0164   **CVA versus SPECIFIED CEREBRAL OCCLUSION**

Guideline: When the diagnosis is given as "cerebrovascular accident," "CVA," or "stroke" without any further qualification, it is important for the coder to review the medical record to discover the cause of the stroke or "cerebrovascular stroke" or to consult with the physician and classify it accordingly.

Codes from categories 430-435 should be assigned when the specific type of stroke has been documented. Therefore, code 436, ill-defined cerebrovascular disease, should only be used when no further information is available. Read the "Excludes" note under code 436. The use of code 436 with a code from categories 430-435 or 438 is redundant and incorrect because the more specific code always takes precedence.

V0164   Exclusive Check (if match, error) - Y003

Diagnosis Table   436   Acute, but ill-defined cerebrovascular disease

Relational Table   430   Subarachnoid hemorrhage
                          431   Intracerebral hemorrhage
                          432   Other and unspecified intracranial hemorrhage
                          433   Occlusion and stenosis of precerebral arteries
                          434   Occlusion of cerebral arteries
                          435   Transient cerebral ischemia

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 258; 1994, page 276.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 27; pages 38-39 (PRO); 2nd Quarter 1994, page 16.

V0165   **AIDS - TOO MANY 4TH DIGITS** - *effective change as of 10/1/94*

Guideline: Use only one code from the 042 series. Select the one that is most related to the principal diagnosis. For instance, a patient with candidiasis of the lung (112.4, 042.0) was treated for Kaposi's sarcoma (176, 042.2). The HIV infection described as AIDS would be assigned only one 042 code and should be most related to the principal diagnosis should be assigned (i.e. 042.2 for the principal diagnosis of Kaposi's sarcoma).

V0165	Exclusive check (if match, error) - Z006	

Diagnosis Table	042.0	AIDS with specified infections
Relational Table	042.1	AIDS causing other specified infections
	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified

V0165	Exclusive check (if match, error) - Z007	

Diagnosis Table	042.1	AIDS with other specified infections
Relational Table	042.2	AIDS with specified malignant neoplasms
	042.9	AIDS, unspecified

V0165	Exclusive check (if match, error) - Z008	

Diagnosis Table	042.2	AIDS with specified malignant neoplasms
Relational Table	042.9	AIDS, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, (NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

V0166 **ARC - TOO MANY 4TH DIGITS** - *effective change as of 10/1/94*

Guideline: Use only one code from the 043 series. Select the one that is most related to the principal diagnosis.
For instance, a patient with splenomegaly (789.2, 043.3) was treated for encephalitis (323.9, 043.1).
The HIV infection described as ARC would be assigned only one 043 code and should be most
related to the principal diagnosis should be assigned (i.e. 043.1 for the principal diagnosis of
encephalitis).

V0166   Exclusive check (if match, error) - Z009

Diagnosis Table	043.0	ARC causing lymphadenopathy
Relational Table	043.1	ARC causing specified diseases of the central nervous system
	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified

V0166   Exclusive check (if match, error) - Z010

Diagnosis Table	043.1	ARC causing specified diseases of the central nervous system
Relational Table	043.2	ARC causing other disorders involving the immune mechanism
	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified

V0166   Exclusive check (if match, error) - Z011

Diagnosis Table	043.2	ARC causing other disorders involving the immune mechanism
Relational Table	043.3	ARC causing other specified conditions
	043.9	ARC, unspecified

V0166   Exclusive check (if match, error) - Z012

Diagnosis Table	043.3	ARC causing other specified conditions
Relational Table	043.9	ARC, unspecified

~~**V0166**~~   ~~**ARC - TOO MANY 4TH DIGITS - CONTINUED**~~ - *effective change as of 10/1/94*

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page 105.

~~V0167~~   ~~HIV - TOO MANY 4TH DIGITS~~ - *effective change as of 10/1/94*

Guideline: Use only one code from the 044 series. Select the one that is most related to the principal diagnosis.
                  For instance, a patient with viral syndrome (079.9, 044.0) was treated for aplastic anemia (284.9,
                  044.9). The HIV infection described only as HIV infection would be assigned only one 044 code
                  and should be most related to the principal diagnosis should be assigned (i.e. 044.9 for the principal
                  diagnosis of aplastic anemia).

V0167   Exclusive check (if match, error) - Z013

Diagnosis Table   044.0   HIV causing specified acute infections

Relational Table   044.9   HIV, unspecified

References: MMWR and Coding Clinic for ICD-9-CM, AHA, July/Aug 1986, pages 17-21.

                  Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 22.

                  MMWR (Morbidity) and Mortality Weekly Report, Dec 25, 1987, NCHS and CDC) and in Coding
                  Clinic for ICD-9-CM, AHA July/Aug 1987, pages 1-20.

                  ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 94; 1991, page
                  105.

V0168   **TYPE I and TYPE II DIABETES**

Guideline: Diabetes mellitus has two special features and special implications for patient care. The important factor in determining which fifth digit to use is whether the patient is a type I or type II.

Patients with type I (juvenile type or insulin-dependent) diabetes require insulin to maintain normal blood glucose levels. There are occasions during symptom-free intervals where insulin therapy is not required but this does not indicate that the type of diabetes has changed - it is still Type I (insulin-dependent diabetes).

Patients with type II (adult-onset type or non-insulin dependent) diabetes generally do not require insulin. There are occasions to control symptoms where insulin therapy is required but this does not indicate that the type of diabetes has changed - it is still Type II (non-insulin dependent diabetes).

It is incorrect to change the physician's designation of non-insulin dependent (Type II diabetes mellitus) to insulin dependent (Type I diabetes mellitus), without the attending physician's concurrence. The administration of insulin has no affect on code assignment. The age of the patient at the time of disease onset has no affect on code assignment. Only the type of diabetes (I or II) affects code assignment. The distinguishing factor between Type I and Type II is the presence or absence of natural insulin. Type I patients require insulin to sustain life because the body does not produce insulin. Type II patients, whose bodies are able to produce sufficient amounts of insulin, may receive insulin therapy (to correct symptomatic or persistent hyperglycemia), to assist the body in utilizing the insulin that is present in the body. Type II patients are not dependent on insulin to sustain life.

Coding diabetes as both Type I and Type II is contradictory and distorts statistics.

V0168   Exclusive check (if match, error) - X003

Diagnosis Table   250.x0   Type II Diabetes mellitus [Non-insulin dependent]
                             250.x2   Type II Diabetes mellitus [Non-insulin dependent]

Relational Table   250.x1   Type I Diabetes mellitus [Insulin dependent]
                             250.x3   Type I Diabetes mellitus [Insulin dependent]

References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1990, page 22; 3rd Quarter 1991, pages 3-12; 4th Quarter 1993, page 19; 2nd Quarter 1997, page 14, 4th Quarter 1997, pages 32-33.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, pages 109-110; 1991, pages 109-110; 1994, pages 101-102.

V0169   **CONTROLLED versus UNCONTROLLED DIABETES**

Guideline: Uncontrolled diabetes is a nonspecific term indicating that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment regimen. The fifth digits indicating uncontrolled diabetes should only be used when the physician diagnoses uncontrolled diabetes.

Coding diabetes as both controlled and uncontrolled is contradictory and distorts statistics.

```
--------------------------------------------------------------------------------
V0169           Exclusive check (if match, error) - X004
--------------------------------------------------------------------------------
```

Diagnosis Table   250.x0   Type II Diabetes mellitus, <u>not</u> stated as uncontrolled
                         250.x1   Type I Diabetes mellitus, <u>not</u> stated as uncontrolled

Relational Table   250.x2   Type II Diabetes mellitus, uncontrolled
                         250.x3   Type I Diabetes mellitus, uncontrolled

```
--------------------------------------------------------------------------------
```

References: Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 11; 4th Quarter 1993, page 18.

V0170   **HYPOGLYCEMIA and HYPOGLYCEMIC DIABETES**

Guideline: Category 251, Other disorders of pancreatic internal secretion, should **not** be used for patients with diabetes mellitus. Therefore, hypoglycemia in a patient with diabetes mellitus should be coded to category 250, not 251.

Read the "Excludes" notes under codes 251.0, 251.1, and 251.2.

A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0170   Exclusive check (if match, error) - X005

Diagnosis Table   251.1   Other specified hypoglycemia
                             251.2   Hypoglycemia, unspecified

Relational Table   250.8   Hypoglycemia in diabetes mellitus
                             251.0   Hypoglycemic coma

V0170   Exclusive check (if match, error) - X015

Diagnosis Table   251.0   Hypoglycemic coma

Relational Table   250.3   Diabetes with other coma

References: Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1985, pages 8-9 (before Oct 1993 revision); 4th Quarter 1993, page 19-21.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989, page 101; 1991,pages 114-115; 1994, pages 106-107.

V0171   **BACTEREMIA versus SEPTICEMIA**

Guideline: Categories 790-796 are specified by ICD-9-CM for the reporting of nonspecific abnormal findings of diagnostic tests when no related diagnosis is established. Codes from the 790-796 series are never assigned on the basis of an abnormal laboratory finding alone, nor are they assigned when the associated diagnosis has been recorded.

Bacteremia is defined as the presence of bacteria in the blood. Septicemia is defined as systemic disease associated with the presence and persistence of pathogenic microorganisms or their toxins in the blood. The two terms are not synonymous. Bacteremia denotes a laboratory finding; septicemia denotes acute illness.

Read the Excludes note under code 790.7 and category 038.

V0171   Exclusive Check (if match, error) - X012

Diagnosis Table   790.7   Bacteremia

Relational Table   038   Septicemia

References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 790.7 and category 038.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 89; 1994, pages 89-90.

Coding Clinic for ICD-9-CM, 3rd Quarter 1988, page 12; 4th Quarter 1993, pages 29-30.

V0172   **POSITIVE TB TEST versus TUBERCULOSIS**

Guideline: Categories 790-796 are specified by ICD-9-CM for the reporting of nonspecific abnormal findings of diagnostic tests when no related diagnosis is established. Codes from the 790-796 series are never assigned on the basis of an abnormal laboratory finding alone, nor are they assigned when the associated diagnosis has been recorded.

Care should be taken to differentiate between a diagnosis of tuberculosis (010) and a positive tuberculin skin test (795.5) without a diagnosis of active tuberculosis.

V0172   Exclusive Check (if match, error) - X013

Diagnosis Table	795.5	Nonspecific reaction to tuberculin skin test without active tuberculosis
Relational Table	010.xx	Primary tuberculous infection
	017.0x	Tuberculosis of skin and subcutaneous cellular tissue

----

References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 790.7 and category 010, and the Title of code 790.7.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 89; 1994, page 89.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 23.

V0173   **CHRONIC HEPATITIS versus VIRAL HEPATITIS**

Guideline: Non-viral and unspecified hepatitis is classified in category 571, Chronic liver disease and cirrhosis, in the Digestive system chapter. All viral hepatitis is classified in category 070, Viral hepatitis, in the Infectious and Parasitic Disease chapter.

Guideline: The viral hepatitis codes do not distinguish between the acute and chronic forms of the disease. Acute and chronic stages of viral hepatitis are classified to category 070. In the alphabetic index, there are two supplementary words (acute) and (chronic) next to the term "Hepatitis" which may be present or absent in the statement of a disease without affecting the code number.

V0173   Exclusive Check (if match, error) - X014

Diagnosis Table   571.40   Chronic hepatitis, unspecified
                                   571.41   Chronic persistent hepatitis
                                   571.49   Other chronic hepatitis

Relational Table   070.xx   Viral hepatitis

References: ICD-9-CM Codebook, Tabular Section, Index for the word "Hepatitis" and Introduction for the convention rules for the punctuation on parenthesis.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1993, page 28; 4th Quarter 1993, pages 24-25.

V0174   **ATHEROSCLEROSIS OF EXTREMITY HIERARCHY**

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. If the patient presents with ulceration and gangrene, only one combination code (440.24) is sufficient to identify both conditions.

Exception: This edit can be overridden if the codes are not related to the same extremity.

V0174   Exclusive Check (if match, error) - R011

Diagnosis Table   440.20   Atherosclerosis of the extremities, unspecified

Relational Table   440.21   Atherosclerosis of the extremities with intermittent claudication
                              440.22   Atherosclerosis of the extremities with rest pain
                              440.23   Atherosclerosis of the extremities with ulceration
                              440.24   Atherosclerosis of the extremities with gangrene
----
V0174   Exclusive Check (if match, error) - R012

Diagnosis Table   440.21   Atherosclerosis of the extremities with intermittent claudication

Relational Table   440.22   Atherosclerosis of the extremities with rest pain
                              440.23   Atherosclerosis of the extremities with ulceration
                              440.24   Atherosclerosis of the extremities with gangrene
----
V0174   Exclusive Check (if match, error) - R013

Diagnosis Table   440.22   Atherosclerosis of the extremities with rest pain

Relational Table   440.23   Atherosclerosis of the extremities with ulceration
                              440.24   Atherosclerosis of the extremities with gangrene
----
V0174   Exclusive Check (if match, error) - R014

Diagnosis Table   440.23   Atherosclerosis of the extremities with ulceration

Relational Table   440.24   Atherosclerosis of the extremities with gangrene
----

V0174 **ATHEROSCLEROSIS OF EXTREMITY HIERARCHY** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under codes 440.2x.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1987, pages 6-7; 4th Quarter 1992, page 25; 4th Quarter 1993, pages 27-28.

~~V0175~~

~~ULCERATION and ATHEROSCLEROSIS - EXTREMITY~~
- effective change as of 1/1/01

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. Only one combination code is sufficient to identify both conditions. Therefore, the assignment of 707.1, Ulcer of lower limbs, with code 440.23 or 440.24 is incorrect.

Exception: This edit can be overridden if the codes are not related to the same extremity.

V0175	Exclusive Check (if match, error) - R015

Diagnosis Table	707.1	Ulcer of lower limbs, except decubitus
Relational Table	440.23	Atherosclerosis of the extremities with ulceration
	440.24	Atherosclerosis of the extremities with gangrene

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.23.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, pages 27-28; 4th Quarter 2000, page 44.

V0176   **GANGRENE and ATHEROSCLEROSIS - EXTREMITY**

Guideline: Additional fifth digits have been created to identify additional manifestations of the disease for subcategory 440.2, Atherosclerosis of arteries of the extremities. These codes are listed in order of increasing priority. The structure of the combination codes is hierarchal. Only one combination code is sufficient to identify both conditions. Therefore, the assignment of 785.4, Gangrene, with code 440.24 is incorrect.

Exception: This edit can be overridden if the codes are not related to the <u>same</u> extremity.

V0176   Exclusive Check (if match, error) - R016

Diagnosis Table   785.4   Gangrene

Relational Table   440.24   Atherosclerosis of the extremities with gangrene
----

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.24.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994, page 293.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8 - Combination Coding Rule.

Coding Clinic for ICD-9-CM, AHA, Mar/Apr 1986, page 12; 3rd Quarter 1990, page 15; 4th Quarter 1993, pages 27-28; 3rd Quarter 1994, page 5.

V0177   **UNSPECIFIED versus SPECIFIED DIABETES MELLITUS COMPLICATION**

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category.

Code 250.9x, diabetes with unspecified complication, is never to be assigned with any other code from 250.1x-250.8x. It is illogical for diabetes to have both an unspecified complication and a specified complication appearing together on the same record.

V0177   Exclusive Check (if match, error) - X017

Diagnosis Table   250.9x   Diabetes with unspecified complication

Relational Table   250.1x   Diabetes with ketoacidosis
                          250.2x   Diabetes with hyperosmolarity
                          250.3x   Diabetes with other coma
                          250.4x   Diabetes with renal manifestations
                          250.5x   Diabetes with ophthalmic manifestations
                          250.6x   Diabetes with neurological manifestations
                          250.7x   Diabetes with peripheral circulatory disorders
                          250.8x   Diabetes with other specified manifestations
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, page 47.

Coding Clinic for ICD-9-CM, Mar-Apr 1985, pages 6-9; Nov-Dec 1985, page 11; 2nd Quarter 1990, page 22; 3rd Quarter 1991, pages 3-12; 2nd Quarter 1992, page 15; 4th Quarter 1990, pages 19, 38; Volume 10, Number 5, 1993, page 11, 15 (PRO); Volume 10, Number 5, 1993, page 13 last line in first answer (PRO).

V0178   **WITH versus WITHOUT INTRACTABLE EPILEPSY**

<u>Guideline:</u>   It is illogical for epilepsy with and without intractability to appear on the same record.

V0178   Exclusive Check (if match, error) - X019

Diagnosis Table	345.00	Generalized nonconvulsive epilepsy with <u>no intractable epilepsy</u>
	345.10	Generalized convulsive epilepsy <u>with no intractable epilepsy</u>
	345.40	Partial epilepsy, with impairment of consciousness <u>with no intractable epilepsy</u>
	345.50	Partial epilepsy, without impairment of consciousness, <u>with no intractable epilepsy</u>
	345.60	Infantile spasms, <u>with no intractable epilepsy</u>
	345.70	Epilepsia partialis continua <u>with no intractable epilepsy</u>
	345.80	Other forms of epilepsy <u>with no intractable epilepsy</u>
	345.90	Epilepsy, unspecified, <u>with no intractable epilepsy</u>
Relational Table	345.01	Generalized nonconvulsive epilepsy <u>with intractable epilepsy</u>
	345.11	Generalized convulsive epilepsy <u>with intractable epilepsy</u>
	345.41	Partial epilepsy, with impairment of consciousness <u>with intractable epilepsy</u>
	345.51	Partial epilepsy, without impairment of consciousness, <u>with intractable epilepsy</u>
	345.61	Infantile spasms, <u>with intractable epilepsy</u>
	345.71	Epilepsia partialis continua <u>with intractable epilepsy</u>
	345.81	Other forms of epilepsy <u>with intractable epilepsy</u>
	345.91	Epilepsy, unspecified, <u>with intractable epilepsy</u>

<u>References:</u>   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 141; 1994, pages 137.

Coding Clinic for ICD-9-CM, 2nd Quarter 1992, page 8; 4th Quarter 1992, pages 23-24; 1st Quarter 1993, page 24.

V0179   **UNSPECIFIED versus SPECIFIED EPILEPSY**

Guideline: A code for an unspecified condition is never assigned with a code for a specified condition from the
                same category. It is illogical for epilepsy to be both specified and unspecified on the same record.

V0179   Exclusive Check (if match, error) - X021

Diagnosis Table   345.9x   Epilepsy, unspecified

Relational Table   345.0x   Generalized nonconvulsive epilepsy
                           345.1x   Generalized convulsive epilepsy
                           345.4x   Partial epilepsy, with impairment of consciousness
                           345.5x   Partial epilepsy, without impairment of consciousness
                           345.6x   Infantile spasms
                           345.7x   Epilepsia partialis continua
                           345.8x   Other forms of epilepsy

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last
                sentence), 141; 1994, pages 42, 137.

                Coding Clinic for ICD-9-CM, Jan-Feb 1986, page 6; Nov-Dec 1987, page 12; 4th Quarter 1992,
                pages 23-24; 1st Quarter 1993, page 24; *Volume 10, Number 5, 1993, page 13 last line in first
                answer (PRO); 1st Quarter 1997, page 8 (2nd paragraph in 1st answer); Official Guidelines 1.3.*

V0180   **PATHOLOGICAL versus TRAUMATIC FRACTURE**

Guideline: Codes from 800-829 for traumatic fractures should never be used with a code from category 733.1, pathological fracture of the same bone. Check the record for any history of recent significant trauma or for any indication of the presence of concurrent bone disease that might point to pathological fracture.

If the physician determines that the fracture is due to trauma, then only a code from 800-829, Fractures (traumatic), would be assigned.

If the physician determines that the fracture is pathological, then a code from 733.lx, Pathological fracture, would be assigned.

Exception: This edit can be overridden if the pathological and traumatic codes are not related to the same site.

E codes may be used to identify the nature of trauma if the pathological fracture follows minor trauma.

| V0180 | Exclusive Check (if match, error) - X022 |

| Diagnosis Table | 733.11 | Pathological fracture, humerus |

| Relational Table | 812.xx | Fracture of humerus |

| V0180 | Exclusive Check (if match, error) - X026 |

| Diagnosis Table | 733.12 | Pathological fracture, distal radius and ulna |

Relational Table	813.42	Other fractures, distal end of radius
	813.44	Fracture, radius with ulna, lower end
	813.45	Fracture (torus), radius
	813.52	Other fractures, distal end of radius, open
	813.54	Fracture, radius with ulna, lower end, open
	814.00	Fracture, carpal bone, unspecified (wrist)
	814.10	Fracture, carpal bone, unspecified (wrist), open

| V0180 | Exclusive Check (if match, error) - X027 |

| Diagnosis Table | 733.13 | Pathological fracture, vertebrae |

| Relational Table | 805.xx | Fracture, vertebral column, without mention of spinal cord injury |
| | 806.xx | Fracture, vertebral column, with mention of spinal cord injury |

V0180   **PATHOLOGICAL versus TRAUMATIC FRACTURE** - CONTINUED
(see guideline on page 172)

V0180   Exclusive Check (if match, error) - X028

Diagnosis Table	733.14	Pathological fracture, neck of femur
Relational Table	820.xx	Fracture, neck of femur

V0180   Exclusive Check (if match, error) - X029

Diagnosis Table	733.15	Pathological fracture, other specified part of femur
Relational Table	821.xx	Fracture, other and unspecified parts of femur

----
V0180   Exclusive Check (if match, error) - X030

Diagnosis Table	733.16	Pathological fracture, tibia or fibula
Relational Table	823.xx	Fracture, tibia and fibula Fracture, ankle (lower ends of tibia and fibula)

References: ICD-9-CM Code Book, Tabular Section, Excludes Notes under code 733.1.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 195-196, 312; 1994, pages 208, 332.

Coding Clinic for ICD-9-CM, 4th Quarter 1993, pages 25-26; Third Quarter, 1999, page 5.

V0181   **INCONSISTENT BIRTH WEIGHTS**

<u>Guideline:</u>   It is illogical to have different birth weights on the same record. The fifth digit for the prematurity is based on the birth weight, not on the current weight of the infant.

V0181   Exclusive Check (if match, error) - X031

Diagnosis Table	764.x0	unspecified weight
	765.x0	unspecified weight
Relational Table	764.x1	less than 500 grams
	765.x1	less than 500 grams
	764.x2	500-749 grams
	765.x2	500-749 grams
	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED
(see guideline on page 174)

V0181   Exclusive Check (if match, error) - X032

Diagnosis Table	764.x1	less than 500 grams
	765.x1	less than 500 grams
Relational Table	764.x2	500-749 grams
	765.x2	500-749 grams
	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X033

Diagnosis Table	764.x2	500-749 grams
	765.x2	500-749 grams
Relational Table	764.x3	750-999 grams
	765.x3	750-999 grams
	764.x4	1,000-1,249 grams
	765.x4	1,000-1,249 grams
	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED
                   (see guideline on page 174)

V0181   Exclusive Check (if match, error) - X034

Diagnosis Table   764.x3   750-999 grams
                                 765.x3   750-999 grams

Relational Table   764.x5   1,250-1,499 grams
                                 765.x5   1,250-1,499 grams
                                 764.x6   1,500-1,749 grams
                                 765.x6   1,500-1,749 grams
                                 764.x4   1,000-1,249 grams
                                 765.x4   1,000-1,249 grams
                                 764.x5   1,250-1,499 grams
                                 765.x5   1,250-1,499 grams
                                 764.x6   1,500-1,749 grams
                                 765.x6   1,500-1,749 grams
                                 764.x7   1,750-1,999 grams
                                 765.x7   1,750-1,999 grams
                                 764.x8   2,000-2,499 grams
                                 765.x8   2,000-2,499 grams
                                 764.x9   2,500 grams and over
                                 765.x9   2,500 grams and over
                                 764.x5   1,250-1,499 grams
                                 765.x5   1,250-1,499 grams
                                 764.x6   1,500-1,749 grams
                                 765.x6   1,500-1,749 grams

V0181   Exclusive Check (if match, error) - X035 - Continued

Diagnosis Table   764.x4   1,000-1,249 grams
                                 765.x4   1,000-1,249 grams

Relational Table   764.x5   1,250-1,499 grams
                                 765.x5   1,250-1,499 grams
                                 764.x6   1,500-1,749 grams
                                 765.x6   1,500-1,749 grams
                                 764.x7   1,750-1,999 grams
                                 765.x7   1,750-1,999 grams
                                 764.x8   2,000-2,499 grams
                                 765.x8   2,000-2,499 grams
                                 764.x9   2,500 grams and over
                                 765.x9   2,500 grams and over

----

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED (see guideline on page 174)

V0181   Exclusive Check (if match, error) - X036

Diagnosis Table	764.x5	1,250-1,499 grams
	765.x5	1,250-1,499 grams
Relational Table	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X037

Diagnosis Table	764.x6	1,500-1,749 grams
	765.x6	1,500-1,749 grams
Relational Table	764.x7	1,750-1,999 grams
	765.x7	1,750-1,999 grams
	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X038

Diagnosis Table	764.x7	1,750-1,999 grams
	764.x7	1,750-1,999 grams
Relational Table	764.x8	2,000-2,499 grams
	765.x8	2,000-2,499 grams
	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   Exclusive Check (if match, error) - X039

Diagnosis Table	764.x8	2,000-2,499 grams
	764.x8	2,000-2,499 grams
Relational Table	764.x9	2,500 grams and over
	765.x9	2,500 grams and over

V0181   **INCONSISTENT BIRTH WEIGHTS** - CONTINUED

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 241; 1994, pages 256-257.

Coding Clinic for ICD-9-CM, 2nd Quarter 1989, page 15; 2nd Quarter 1991, page 19; 1st Quarter 1994, pages 12-13, 15; 1st Quarter 1997, page 6.

V0182   **UNSPECIFIED versus SPECIFIED JAUNDICE**

Guideline: The "Inclusion" notes under codes 773.0-773.2 include jaundice due to hemolytic disease that can affect the fetus OR the newborn. Codes 774.2 and 774.6 would not be needed to identify jaundice. Therefore, it is incorrect to use a non-specified code with a specified code for the same condition.

V0182   Exclusive Check (if match, error) - Y004

Diagnosis Table   773.0   Hemolytic disease due to Rh isoimmunization
                                733.1   Hemolytic disease due to ABO isoimmunization
                                773.2   Hemolytic disease due to other and unspecified isoimmunization

Relational Table   774.2   Neonatal jaundice associated with preterm delivery
                                774.6   Unspecified fetal and neonatal jaundice
----

References: ICD-9-CM Code Book, Tabular Section, Includes Notes under code 733.2.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, pages 42, 258-259.

                Coding Clinic for ICD-9-CM, 2nd Quarter 1989, page 15; 3rd Quarter 1992, pages 8-9; 1st Quarter 1994, pages 13-14.

V0183   **OPEN AND CLOSED FRACTURE OF SAME SITE**

Guideline: It is illogical to have a closed and open fracture of the same bone. An open fracture indicates that the skin has been punctured by the bone; a closed fracture has not penetrated the skin. The list of terms used for open and closed fractures is found in the note at the beginning of the fracture section in the tabular list.

             If a diagnostic statement contains terms that relate to both open and closed fractures, the fracture should be classified as open. The code for the open fracture always takes precedence.

V0183   Exclusive Check (if match, error) - X040

Diagnosis Table   806.01   C1-C4 cervical fracture, with complete lesion of cord, CLOSED

Relational Table   806.11   C1-C4 cervical fracture, with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X041

Diagnosis Table   806.02   C1-C4 cervical fracture, with anterior cord syndrome, CLOSED

Relational Table   806.12   C1-C4 cervical fracture, with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X042

Diagnosis Table   806.03   C1-C4 cervical fracture with central cord syndrome, CLOSED

Relational Table   806.13   C1-C4 cervical fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X043

Diagnosis Table   806.04   C1-C4 cervical fracture with specified spinal cord injury, CLOSED

Relational Table   806.14   C1-C4 cervical fracture with specified spinal cord injury, OPEN

V0183　　　**OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
　　　　　　　(see guideline on page 180)

V0183　　　　Exclusive Check (if match, error) - X044

Diagnosis Table　　　　　806.05　　　　C5-C7 cervical fracture, CLOSED

Relational Table　　　　　806.15　　　　C5-C7 cervical fracture, OPEN

V0183　　　　Exclusive Check (if match, error) - X045

Diagnosis Table　　　　　806.06　　　　C5-C7 cervical fracture with complete lesion of cord, CLOSED

Relational Table　　　　　806.16　　　　C5-C7 cervical fracture with complete lesion of cord, OPEN

V0183　　　　Exclusive Check (if match, error) - X046

Diagnosis Table　　　　　806.07　　　　C5-C7 cervical fracture with anterior cord syndrome, CLOSED

Relational Table　　　　　806.17　　　　C5-C7 cervical fracture with anterior cord syndrome, OPEN

V0183　　　　Exclusive Check (if match, error) - X047

Diagnosis Table　　　　　806.08　　　　C5-C7 cervical fracture with central cord syndrome, CLOSED

Relational Table　　　　　806.18　　　　C5-C7 cervical fracture with central cord syndrome, OPEN

V0183　　　　Exclusive Check (if match, error) - X048

Diagnosis Table　　　　　806.09　　　　C5-C7 cervical fracture with specified spinal cord injury, CLOSED

Relational Table　　　　　806.19　　　　C5-C7 cervical fracture with specified spinal cord injury, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
          (see guideline on page 180)

V0183   Exclusive Check (if match, error) - X049

Diagnosis Table	806.21	T1-T6 thoracic fracture with complete lesion of cord, CLOSED
Relational Table	806.31	T1-T6 thoracic fracture with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X050

Diagnosis Table	806.22	T1-T6 thoracic fracture with anterior cord syndrome, CLOSED
Relational Table	806.32	T1-T6 thoracic fracture with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X051

Diagnosis Table	806.23	T1-T6 thoracic fracture with central cord syndrome, CLOSED
Relational Table	06.33	T1-T6 thoracic fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X052

Diagnosis Table	806.24	T1-T6 thoracic fracture with specified cord injury, CLOSED
Relational Table	806.34	T1-T6 thoracic fracture with specified cord injury, OPEN

V0183   Exclusive Check (if match, error) - X053

Diagnosis Table	806.25	T7-T12 thoracic fracture, CLOSED
Relational Table	806.35	T7-T12 thoracic fracture, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
         (see guideline on page 180)

V0183   Exclusive Check (if match, error) - X054

Diagnosis Table   806.26   T7-T12 thoracic fracture with complete lesion of cord, CLOSED

Relational Table   806.36   T7-T12 thoracic fracture with complete lesion of cord, OPEN

V0183   Exclusive Check (if match, error) - X055

Diagnosis Table   806.27   T7-T12 thoracic fracture with anterior cord syndrome, CLOSED

Relational Table   806.37   T7-T12 thoracic fracture with anterior cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X056

Diagnosis Table   806.28   T7-T12 thoracic fracture with central cord syndrome, CLOSED

Relational Table   806.38   T7-T12 thoracic fracture with central cord syndrome, OPEN

V0183   Exclusive Check (if match, error) - X057

Diagnosis Table   806.29   T7-T12 thoracic fracture with specified spinal cord injury, CLOSED

Relational Table   806.39   T7-T12 thoracic fracture with specified spinal cord injury, OPEN

V0183   Exclusive Check (if match, error) - X058

Diagnosis Table   806.61   Sacrum and coccyx fracture, with complete cauda equina lesion, CLOSED

Relational Table   806.71   Sacrum and coccyx fracture, with complete cauda equina lesion, OPEN

V0183   **OPEN and CLOSED FRACTURE OF SAME SITE** - CONTINUED
(see guideline on page 180)

V0183   Exclusive Check (if match, error) - X059

Diagnosis Table	806.62	Sacrum and coccyx fracture, with other cauda equina injury, CLOSED
Relational Table	806.72	Sacrum and coccyx fracture, with other cauda equina injury, OPEN

V0183   Exclusive Check (if match, error) - X060

Diagnosis Table	806.69	Sacrum and coccyx fracture, with other spinal cord injury, CLOSED
Relational Table	806.79	Sacrum and coccyx fracture, with other spinal cord injury, OPEN

V0183   Exclusive Check (if match, error) - X061

Diagnosis Table	806.4	Lumbar fracture, CLOSED
Relational Table	806.5	Lumbar fracture, OPEN

V0183   Exclusive Check (if match, error) - X062

Diagnosis Table	806.8	Unspecified vertebral fracture, CLOSED
Relational Table	806.9	Unspecified vertebral fracture, OPEN

V0183   Exclusive Check (if match, error) - X063

Diagnosis Table	807.2	Sternum fracture, CLOSED
Relational Table	807.3	Sternum fracture, OPEN

References: ICD-9-CM Code Book, Tabular Section, Coding Notes under the title "Fractures (800-829).

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 312; 1994, pages 331.

Coding Clinic for ICD-9-CM, Sept-Oct 1986, pages 5-9.

V0184   **UNSPECIFIED versus SPECIFIED SPINAL CORD INJURY**

Guideline: A code for an unspecified condition is never assigned with a code for a specified condition from the same category. When a spinal cord injury is mentioned, it takes precedence. It is illogical for the fracture to have both a specified and unspecified spinal cord injury for the same vertebra on the same record.

V0184   Exclusive Check (if match, error) - X064

Diagnosis Table	806.00	Closed cervical C1-C4 fracture, unspecified
Relational Table	806.0x	Closed cervical C1-C4 fracture, with specified injury (*fifth digits 1-4*)

V0184   Exclusive Check (if match, error) - X070

Diagnosis Table	806.05	Closed cervical C5-C7 fracture, unspecified
Relational Table	806.0x	Closed cervical C5-C7 fracture, with specified injury (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X065

Diagnosis Table	806.10	Open cervical C1-C4 fracture, unspecified
Relational Table	806.1x	Open cervical C1-C4 fracture, with specified injury (*fifth digits 1-4*)

V0184   Exclusive Check (if match, error) - X071

Diagnosis Table	806.15	Open cervical C5-C7 fracture, unspecified
Relational Table	806.1x	Open cervical C5-C7 fracture, with specified injury (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X066

Diagnosis Table	806.20	Closed thoracic T1-T6 fracture, unspecified
Relational Table	806.2x	Closed thoracic T1-T6 fracture, with specified injury (*fifth digits 1-4*)

V0184   **UNSPECIFIED versus SPECIFIED SPINAL CORD INJURY** - CONTINUED
(see guideline on page 185)

V0184   Exclusive Check (if match, error) - X072

Diagnosis Table	806.25	Closed thoracic T7-T12 fracture, unspecified
Relational Table	806.2x	Closed thoracic T7-T12 fracture, with specified injury (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X067

Diagnosis Table	806.30	Open thoracic T1-T6 fracture, unspecified
Relational Table	806.3x	Closed thoracic T1-T6 fracture, with specified injury (*fifth digits 1-4*)

V0184   Exclusive Check (if match, error) - X073

Diagnosis Table	806.35	Open thoracic T1-T6 fracture, unspecified
Relational Table	806.3x	Closed thoracic T7-T12 fracture, with specified injury (*fifth digits 6-9*)

V0184   Exclusive Check (if match, error) - X068

Diagnosis Table	806.60	Closed sacral and coccyx fracture, unspecified
Relational Table	806.6x	Closed sacral and coccyx fracture, with specified injury

---

V0184   Exclusive Check (if match, error) - X069

Diagnosis Table	806.70	Open sacral and coccyx fracture, unspecified
Relational Table	806.7x	Open sacral and coccyx fracture, with specified injury

---

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence), 313; 1994, pages 42, 332.

Coding Clinic for ICD-9-CM, Volume 10, Number 5, 1993, page 13, last line in first answer (PRO).

V0185   ATTENTION versus STATUS ... RELATED TO STOMA

Guideline: When there is an attention to the stoma, code V55 indicates the need for care such as closure, passage of sounds or bougies, reforming, removal or replacement of catheter, and toilet or cleansing. Code V44 indicates status only, without need for care. It is illogical for a stoma of the same site to have both absence and presence of stomal care during the current episode of care.

V0185	Exclusive check (if match, error) - W012	
Diagnosis Table	V55.0	Attention to tracheostomy
Relational Table	V44.0	Tracheostomy status

V0185	Exclusive check (if match, error) - W016	
Diagnosis Table	V55.1	Attention to gastrostomy
Relational Table	V44.1	Gastrostomy status

V0185	Exclusive check (if match, error) - W017	
Diagnosis Table	V55.2	Attention to ileostomy
Relational Table	V44.2	Ileostomy status

V0185	Exclusive check (if match, error) - W018	
Diagnosis Table	V55.3	Attention to colostomy
Relational Table	V44.3	Colostomy status

V0185	Exclusive check (if match, error) - W019	
Diagnosis Table	V55.5	Attention to cystostomy
Relational Table	V44.5x	Cystostomy status

V0185	Exclusive check (if match, error) - W020	
Diagnosis Table	V55.7	Attention to artificial vagina
Relational Table	V44.7	Artificial vagina status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.

V0186   **ATHEROSCLEROSIS with GAS GANGRENE ?**

Guideline: Code 440.24, Atherosclerosis of the extremities with gangrene, can only be used with ischemic gangrene. Read the inclusion note under code 440.24. Therefore, code 004.0, gas gangrene, cannot be used correctly with code 440.24 but it can be used correctly with code 440.29, Other atherosclerosis of native arteries of extremities.

V0186   Exclusive check (if match, error) - X082

Diagnosis Table	040.0	Gas gangrene
Relational Table	440.24	Atherosclerosis of the native arteries of the extremities with gangrene

----

References: ICD-9-CM Codebook, Tabular Section, Includes note under code 440.24.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 11.

V0187   **ANGINA versus CORONARY OCCLUSION**

Guideline: Code 411.1, Intermediate coronary syndrome, includes conditions described as unstable angina, crescendo angina, preinfarction angina, and impending myocardial infarction. Code 411.1 is assigned when the patient is admitted and treated for unstable angina WITHOUT documentation of infarction, occlusion, or thrombosis. Therefore, code 411.1 is not assigned with code 411.81 that describes a coronary occlusion without myocardial infarction.

V0187   Exclusive check (if match, error) - Y005

Diagnosis Table   411.1   Intermediate coronary syndrome

Relational Table   411.81   Coronary occlusion without myocardial infarction

----

References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1991, page 14; 3rd Quarter 1991, page 24.

V0188   **ANGINA and/or CORONARY OCCLUSION versus MYOCARDIAL INFARCTION**

Guideline: Code 411, Other acute and subacute forms of ischemic heart disease, is assigned when the patient's condition does not progress to acute myocardial infarction. Therefore, a code from 411 *(except 411.0, postmyocardial infarction)* is not assigned with a code 410.xx, Acute myocardial infarction, when the infarction has occurred.

V0188   Exclusive check (if match, error) - Y006

Diagnosis Table	411.1	Intermediate coronary syndrome
	411.81	Coronary occlusion without myocardial infarction
	411.89	Other acute and subacute forms of ischemic heart disease
Relational Table	410.x0	Acute myocardial infarction, unspecified episode of care
	410.x1	Acute myocardial infarction, initial episode of care

References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1991, page 14; 3rd Quarter 1991, page 24; 4th Quarter 1994, page 55.

Journal of AHIMA, July-August 1996, Vol 67, No. 7, pages 16-26.

V0189   **RHEUMATIC HEART DISEASE and HEART FAILURE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as congestive heart failure and rheumatic heart disease or when the Alphabetic Index so directs.

Code 398.91, Rheumatic heart failure (congestive) is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0189   Exclusive check (if match, error) - R018

Diagnosis Table	398.90	Rheumatic heart disease, unspecified
	398.99	Other rheumatic heart disease
Relational Table	428.0	Congestive heart failure, unspecified
	428.1	Left heart failure
	428.2x	Systolic heart failure
	428.3x	Diastolic heart failure
	428.4x	Combined systolic and diastolic heart failure
	428.9	Heart failure, unspecified

References: ICD-9-CM Codebook, Tabular Section, Excludes note under 428.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0190   RHEUMATIC HEART FAILURE with CONGESTIVE HEART FAILURE

<u>Guideline:</u>   During the current episode of care, it is illogical for the heart failure to be both rheumatic and nonrheumatic. Read the "Excludes" notes under category 428.

V0190   Exclusive check (if match, error) - R020

Diagnosis Table   398.91   Rheumatic heart failure (congestive)

Relational Table   428.0   Congestive heart failure

<u>References:</u>   ICD-9-CM Codebook, Tabular Section, Tabular Section, Excludes notes under Category 428.

Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

V0191   PRECEREBRAL.... WITH versus WITHOUT INFARCTION

Guideline: The rule for governing the ICD-9-CM requires that fifth digits modify the fourth digit to which they are applied. They must follow a logical hierarchical structure. The fifth digit "0" means without mention of cerebral infarction and fifth digit "1" means with cerebral infarction. These fifth digits indicate the presence or absence of an infarct during the current episode of care. During the current episode of care, it is illogical for the precerebral artery to have both fifth digits (with and without infarction).

V0191   Exclusive check (if match, error) - X086

Diagnosis Table   433.00   Basilar artery without mention of cerebral infarction

Relational Table   433.01   Basilar artery with cerebral infarction
----
V0191   Exclusive check (if match, error) - X083

Diagnosis Table   433.10   Carotid artery without mention of cerebral infarction

Relational Table   433.11   Carotid artery with cerebral infarction
----
V0191   Exclusive check (if match, error) - X084

Diagnosis Table   433.20   Vertebral artery without mention of cerebral infarction

Relational Table   433.21   Vertebral artery with cerebral infarction
----
V0191   Exclusive check (if match, error) - X085

Diagnosis Table   433.30   Multiple and bilateral arteries without mention of cerebral infarction

Relational Table   433.31   Multiple and bilateral arteries with cerebral infarction
----
V0191   Exclusive check (if match, error) - X074

Diagnosis Table   433.80   Other specified precerebral artery without mention of cerebral infarction

Relational Table   433.81   Other specified precerebral artery with cerebral infarction
----

V0191 **PRECEREBRAL.... WITH versus WITHOUT INFARCTION** - CONTINUED
(see guideline on page 193)

V0191 Exclusive check (if match, error) - X075

Diagnosis Table 433.90 Unspecified precerebral artery without mention of cerebral infarction

Relational Table 433.91 Unspecified precerebral artery with cerebral infarction
----

References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1995, page 14.

V0192   CEREBRAL... WITH versus WITHOUT INFARCTION

Guideline: The rule for governing the ICD-9-CM requires that fifth digits modify the fourth digit to which they are applied. They must follow a logical hierarchical structure. The fifth digit "0" means without mention of cerebral infarction and fifth digit "1" means with cerebral infarction. These fifth digits indicate the presence or absence of an infarct during the current episode of care. During the current episode of care, it is illogical for the cerebral artery to have both fifth digits (with and without infarction).

V0192   Exclusive check (if match, error) - X076

Diagnosis Table	434.00	Cerebral thrombosis without mention of cerebral infarction
Relational Table	434.01	Cerebral thrombosis with cerebral infarction

---

V0192   Exclusive check (if match, error) - X077

Diagnosis Table	434.10	Cerebral embolism without mention of cerebral infarction
Relational Table	434.11	Cerebral embolism with cerebral infarction

---

V0192   Exclusive check (if match, error) - X078

Diagnosis Table	434.90	Cerebral artery occlusion without mention of cerebral infarction
Relational Table	434.91	Cerebral artery occlusion with cerebral infarction

---

References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1995, page 14.

V0193   **BASILAR SYNDROME versus OCCLUSION**

<u>Guideline:</u>   During the current episode of care, it is illogical for the basilar artery to have both syndrome and occlusion. If the basilar artery syndrome is due to stenosis or occlusion of basilar artery, it should be classified to code 433.0x. Read the "Excludes" notes under category 435.

V0193   Exclusive check (if match, error) - X079

Diagnosis Table   435.0   Basilar artery syndrome

Relational Table   433.00   Basilar artery occlusion and/or stenosis without mention of cerebral infarction
                              433.01   Basilar artery occlusion and/or stenosis with cerebral infarction

----

<u>References:</u>   ICD-9-CM Codebook, Tabular Section, Excludes Notes under Category 435.

V0194 **VERTEBRAL SYNDROME versus OCCLUSION**

Guideline: During the current episode of care, it is illogical for the vertebral artery to have both syndrome and occlusion. If the vertebral artery syndrome is due to stenosis or occlusion of vertebral artery, it should be classified to code 433.0x. Read the "Excludes" notes under category 435.

V0194   Exclusive check (if match, error) - X080

Diagnosis Table   435.1   Vertebral artery syndrome

Relational Table   433.20   Vertebral artery occlusion and/or stenosis without mention of cerebral infarction
                         433.21   Vertebral artery occlusion and/or stenosis with cerebral infarction

----

References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under Category 435.

V0195   **VERTEBROBASILAR ARTERY SYNDROME: COMBINATION CODE = 435.3**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as basilar artery syndrome and vertebral artery syndrome or when the Alphabetic Index so directs.

Code 435.3, Vertebrobasilar artery syndrome, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges 10-1-95.

V0195   Exclusive check (if match, error) - X081

Diagnosis Table   435.0   Basilar artery syndrome

Relational Table   435.1   Vertebral artery syndrome

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0196   PROLONGED PT/PTT versus COAGULATION DISORDER

Guideline: Code 790.92, Abnormal coagulation profile, identifies abnormal laboratory findings of prolonged bleeding time WITHOUT the presence of hemorrhage or a coagulation disorder. Therefore, it is illogical for code 790.92, abnormal coagulation profile, to be assigned with the presence of hemorrhage or a coagulation disorders from category 286, Coagulation defects.

V0196   Exclusive check (if match, error) - Y007

Diagnosis Table   790.92   Abnormal coagulation profile

Relational Table   286.x   Coagulation defects

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, page 29.

V0197   **PERICARDITIS, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for pericarditis to be both rheumatic and nonrheumatic. Read the "Excludes" notes under categories 393 and 423.

V0197   Exclusive check (if match, error) - X087

Diagnosis Table   393.   Chronic rheumatic pericarditis

Relational Table   423.0   Hemopericardium
                         423.1   Adhesive pericarditis
                         423.2   Constrictive pericarditis
                         423.8   Other specified diseases of pericardium
                         423.9   Unspecified disease of pericardium

----

References: ICD-9-CM Codebook, Tabular Section, Tabular Section, Excludes notes under code 393 and Category 423.

                Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

V0198   MITRAL VALVE, RHEUMATIC or NOT ?

Guideline: During the current episode of care, it is illogical for mitral valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under category 394 and code 424.0 that direct the coder to category 396.

Category 396, Diseases of mitral and aortic valves, has an "Includes" note that states "involvement of both mitral and aortic valves, whether specified as rheumatic or not."

V0198   Exclusive check (if match, error) - X088

Diagnosis Table	394.0	Mitral stenosis
	394.1	Rheumatic mitral insufficiency
	394.2	Mitral stenosis with insufficiency
Relational Table	424.0	Mitral valve disorders

V0198   Exclusive check (if match, error) - X093

Diagnosis Table	396.0	Mitral valve stenosis and aortic valve stenosis
	396.1	Mitral valve stenosis and aortic valve insufficiency
	396.2	Mitral valve insufficiency and aortic valve stenosis
	396.3	Mitral valve insufficiency and aortic valve insufficiency
	396.8	Multiple involvement of mitral and aortic valves
	396.9	Mitral and aortic valve diseases, unspecified
Relational Table	424.0	Mitral valve disorders

References: ICD-9-CM Codebook, Tabular Section, notes under Category 394, 396, and code 424.0.

Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1987, page 8.

V0199   **AORTIC VALVE, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for aortic valve to be both rheumatic and
                 nonrheumatic. Read the "Excludes" notes under category 395 and code 424.1 that direct the coder
                 to category 396.

                 Category 396, Diseases of mitral and aortic valves, has an "Includes" note that states "involvement
                 of both mitral and aortic valves, whether specified as rheumatic or not."

V0199   Exclusive check (if match, error) - X089

Diagnosis Table   395.0   Rheumatic aortic stenosis
                             395.1   Rheumatic aortic insufficiency
                             395.2   Rheumatic aortic stenosis with insufficiency
                             395.9   Other and unspecified rheumatic aortic diseases

Relational Table   424.1   Aortic valve disorders

V0199   Exclusive check (if match, error) - X094

Diagnosis Table   396.0   Mitral valve stenosis and aortic valve stenosis
                             396.1   Mitral valve stenosis and aortic valve insufficiency
                             396.2   Mitral valve insufficiency and aortic valve stenosis
                             396.3   Mitral valve insufficiency and aortic valve insufficiency
                             396.8   Multiple involvement of mitral and aortic valves
                             396.9   Mitral and aortic valve diseases, unspecified

Relational Table   424.1   Aortic valve disorders

References: ICD-9-CM Codebook, Tabular Section, notes under Category 394, 396, and code 424.0.

                 Coding Clinic for ICD-9-CM, AHA, Nov-Dec 1987, page 8.

V0200   **TRICUSPID VALVE, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for tricuspid valve to be both rheumatic and
                 nonrheumatic. Read the "Excludes" notes under code 424.2.

                 Code 424.2 has an "Excludes" note that states "rheumatic or of unspecified cause" which should be
                 coded to 397.0 (diseases of tricuspid valve).

V0200   Exclusive check (if match, error) - X090

Diagnosis Table   397.0   Diseases of tricuspid valve

Relational Table   424.2   Tricuspid valve disorders, specified as nonrheumatic

----

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 424.2.

V0201   PULMONARY VALVE, RHEUMATIC or NOT ?

<u>Guideline:</u>   During the current episode of care, it is illogical for pulmonary valve to be both rheumatic and nonrheumatic. Read the "Excludes" notes under codes 397.1 and 424.3.

V0201   Exclusive check (if match, error) - X091

Diagnosis Table   397.1   Rheumatic diseases of pulmonary valve

Relational Table   424.3   Pulmonary valve disorders

<u>References:</u>   ICD-9-CM Codebook, Tabular Section, Excludes notes under codes 397.1 and 424.3.

V0202   **ENDOCARDIUM, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for endocardium to be both rheumatic and nonrheumatic. Read the "Excludes" notes under code 397.9.

V0202   Exclusive check (if match, error) - X092

Diagnosis Table   397.9   Rheumatic diseases of endocardium, valve unspecified

Relational Table   424.90   Endocarditis, valve unspecified, unspecified cause
                         424.99   Other endocarditis, valve unspecified

----

References: ICD-9-CM Codebook, Tabular Section, Excludes note under code 397.9.

V0203   **MYOCARDITIS, RHEUMATIC or NOT ?**

<u>Guideline:</u>   During the current episode of care, it is illogical for myocarditis to be both rheumatic and nonrheumatic. Read the "Excludes" notes under codes 398.0 and 429.0.

V0203   Exclusive check (if match, error) - X095

Diagnosis Table   398.0   Rheumatic myocarditis

Relational Table   429.0   Myocarditis, unspecified

<u>References:</u>   ICD-9-CM Codebook, Tabular Section, Excludes notes under codes 398.0 and 428.0.

V0204   **HEART DISEASE, RHEUMATIC or NOT ?**

Guideline: During the current episode of care, it is illogical for the heart disease to be both rheumatic and nonrheumatic. Read the "Excludes" notes under code 398.90.

V0204   Exclusive check (if match, error) - X096

Diagnosis Table   398.90   Rheumatic heart disease, unspecified

Relational Table   429.89   Other ill-defined heart diseases
                                   429.9   Heart disease, unspecified

----

References: ICD-9-CM Codebook, Tabular Section, Excludes Notes under code 398.90.

V0205   **MITRAL AND AORTIC STENOSIS = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic stenoses or when the Alphabetic Index so directs.

Code 396.0, Mitral valve stenosis and aortic valve stenosis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0205   Exclusive check (if match, error) - R022

Diagnosis Table   394.0   Mitral stenosis

Relational Table   395.0   Rheumatic aortic stenosis

HINT: Combination code is 396.0 (Mitral valve stenosis and aortic valve stenosis).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0206   **MITRAL AND AORTIC INSUFFICIENCY = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic insufficiencies or when the Alphabetic Index so directs.

Code 396.3, Mitral valve insufficiency and aortic valve insufficiency, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0206   Exclusive check (if match, error) - R027

Diagnosis Table   394.1   Rheumatic mitral insufficiency

Relational Table   395.1   Rheumatic aortic insufficiency

HINT: The combination code is 396.3 (Mitral valve insufficiency and aortic valve insufficiency).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0207   **MITRAL AND AORTIC STENOSIS / INSUFFICIENCY**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic stenoses and insufficiencies or when the Alphabetic Index so directs.

Code 396.8, Multiple involvement of mitral and aortic valves, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0207   Exclusive check (if match, error) - R028

Diagnosis Table   394.2   Mitral stenosis with insufficiency

Relational Table   395.2   Rheumatic aortic stenosis with insufficiency

HINT: The combination code is 396.8 (multiple involvement of mitral and aortic valves).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0208   **MITRAL STENOSIS AND AORTIC INSUFFICIENCY**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral stenosis and aortic insufficiency or when the Alphabetic Index so directs.

Code 396.1, Mitral valve stenosis and aortic valve insufficiency, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0208   Exclusive check (if match, error) - R024

Diagnosis Table   394.0   Mitral stenosis

Relational Table   395.1   Rheumatic aortic insufficiency

HINT: The combination code is 396.1 mitral valve stenosis and aortic valve insufficiency.

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0209   **MITRAL INSUFFICIENCY AND AORTIC STENOSIS**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral insufficiency and aortic stenosis or when the Alphabetic Index so directs.

Code 396.2, Mitral valve insufficiency and aortic valve stenosis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0209   Exclusive check (if match, error) - R026

Diagnosis Table   394.1   Rheumatic mitral insufficiency

Relational Table   395.0   Rheumatic aortic stenosis

HINT: The combination code is 396.2 (mitral valve insufficiency and aortic valve stenosis).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0210   **MITRAL AND AORTIC VALVE DISEASE = COMBO CODE**

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as mitral and aortic valve disease or when the Alphabetic Index so direct.

Code 396.9, Mitral and aortic valve diseases, unspecified, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0210   Exclusive check (if match, error) - R030

Diagnosis Table   394.9   Other and unspecified mitral valve diseases

Relational Table   395.9   Other and unspecified rheumatic aortic diseases

HINT: The combination code is 396.9 (mitral and aortic valve diseases, unspecified).

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44.

V0211   **CONGESTIVE HEART FAILURE, RHEUMATIC OR NOT ?**

Guideline: When congestive heart failure is present with rheumatic mitral and aortic valve conditions, ICD-9-CM classifies the congestive heart failure as rheumatic.

V0211   Exclusive check (if match, error) - R031

Diagnosis Table   394.0   Mitral stenosis
                         394.1   Rheumatic mitral insufficiency
                         394.2   Mitral stenosis with insufficiency
                         394.9   Other and unspecified mitral valve diseases
                         395.0   Rheumatic aortic stenosis
                         395.1   Rheumatic aortic insufficiency
                         395.2   Rheumatic aortic stenosis with insufficiency
                         395.9   Other and unspecified rheumatic aortic diseases
                         396.0   Mitral valve stenosis and aortic valve stenosis
                         396.1   Mitral valve stenosis and aortic valve insufficiency
                         396.2   Mitral valve insufficiency and aortic valve stenosis
                         396.3   Mitral valve insufficiency and aortic valve insufficiency
                         396.8   Multiple involvement of mitral and aortic valves
                         396.9   Mitral and aortic valve diseases, unspecified

Relational Table   428.0   Congestive heart failure

          HINT: If CHF is associated with rheumatic valve conditions, the CHF should be 398.91,
          Rheumatic heart failure (congestive).

References: Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1995, page 6.

~~V0212~~ **~~USE OF V10 FOR SECONDARY MALIGNANCIES~~**
 - effective change of 1/1/01

Guideline: Category V10, Personal history of malignant neoplasm, should not be assigned for a history of secondary malignancy. The instructional notes listed under each subcategory of V10s listed only the primary malignant code ranges (140-195) and secondary malignancies are excluded from the range of codes.

A code from category V10 is assigned to indicate the <u>former site</u> of the <u>primary</u> malignancy.

V0212   Exclusive check (if match, error) - N027

Diagnosis Table   V10.07   Personal history of malignant liver neoplasm

Relational Table   197.7   Secondary malignant neoplasm, liver

----

V0212   Exclusive check (if match, error) - N028

Diagnosis Table   V10.3   Personal history of malignant breast neoplasm

Relational Table   198.81   Secondary malignant neoplasm, breast

----

V0212   Exclusive check (if match, error) - N029

Diagnosis Table   V10.43   Personal history of malignant ovary neoplasm

Relational Table   198.6   Secondary malignant neoplasm, ovary

----

V0212   Exclusive check (if match, error) - N030

Diagnosis Table   V10.52   Personal history of malignant kidney neoplasm

Relational Table   198.0   Secondary malignant neoplasm, kidney

----

References: Coding Clinic for ICD-9-CM, AHA, Volume 11, No 5, 1994, page 16; 2nd Quarter 1990, Section E for Neoplasm, page 9.

V0213   **DIALYSIS: ATTENTION versus STATUS**

Guideline: V codes indicating status are redundant when the code for encounter of dialysis itself indicates that the status exists.

The "Excludes" note under code V56.0 excludes the coding of dialysis status. The "Excludes" note under code V45.1 excludes the coding of admission for dialysis treatment or session.

V0213   Exclusive check (if match, error) - W021

Diagnosis Table   V56.0   Encounter for extracorporeal dialysis

Relational Table   V45.1   Renal dialysis status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under codes V56.0 and V45.1.

V0214   **CONTRACEPTIVES: ATTENTION versus STATUS**

Guideline: V codes indicating status are redundant when the code itself for the management of the intrauterine
contraceptive device indicates that the status exists.

The "Excludes" note under category V25.4 excludes the coding of presence of intrauterine
contraceptive device as incidental finding. The "Excludes" note under code V45.5 excludes the
coding of admission for contraceptive management.

V0214   Exclusive check (if match, error) - W022

Diagnosis Table   V25.1   Encounter for insertion of intrauterine contraceptive device
                         V25.42   Encounter for contraceptive management of intrauterine
                                        contraceptive device

Relational Table   V45.51   Post intrauterine contraceptive device status
                         V45.52   Post subdermal contraceptive implant status
                         V45.59   Post other contraceptive device status

----

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under codes V25.4 and V45.5.

V0215   **EYE SURGICAL STATUS versus REPLACEMENT STATUS**

Guideline: V codes for the status codes are redundant, when the code for surgical states indicates that the status already exists.

The "Excludes" note under category V45.6 excludes the coding of artificial eye globe or lens status.

V0215   Exclusive check (if match, error) - W023

Diagnosis Table   V45.69   States following surgery of eye and adnexa

Relational Table   V43.0   Artificial eye globe status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code V45.6.

V0216   **PACEMAKER: ATTENTION versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of pacemaker
indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as an incidental
finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical
status.

V0216   Exclusive check (if match, error) - W024

Diagnosis Table   V53.31   Fitting/adjustment of cardiac pacemaker

Relational Table   V45.01   Post cardiac pacemaker status

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0217   **DEFIBRILLATOR: ATTENTION versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of defibrillator indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as incidental finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical status.

V0217   Exclusive check (if match, error) - W025

Diagnosis Table   V53.32   Fitting/adjustment of automatic implantable cardiac defibrillator

Relational Table   V45.02   Post automatic implantable cardiac defibrillator status

----

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0218   CARDIAC DEVICE: ATTENTION versus STATUS

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device
indicates that the status already exists.

The "Excludes" note under category V53 excludes the coding of presence of device as incidental
finding. The "Excludes" note under category V45 excludes the coding of admission for postsurgical
status.

V0218   Exclusive check (if match, error) - W026

Diagnosis Table   V53.39   Fitting/adjustment of other cardiac device

Relational Table   V45.09   Post other specified cardiac device status

----

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V53 and V54.

V0219   **GI DEVICE: ADJUSTMENT versus ATTENTION**

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of artificial openings.

The "Excludes" note under code V53.5 excludes the coding of care related to the artificial openings.

V0219   Exclusive check (if match, error) - W027

Diagnosis Table	V53.5	Fitting/adjustment of other intestinal appliance
Relational Table	V55.2	Attention to ileostomy
	V55.3	Attention to colostomy
	V55.4	Attention to other artificial opening of digestive tract

----

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.5.

V0220   URINARY DEVICE: ADJUSTMENT versus ATTENTION

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of artificial openings.

The "Excludes" note under code V53.6 excludes the coding of care related to the artificial openings.

V0220   Exclusive check (if match, error) - W028

Diagnosis Table   V53.6   Fitting/adjustment of urinary devices

Relational Table   V55.5   Attention to cystostomy
                                V55.6   Attention to other artificial opening of urinary tract

----

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.6.

V0221   **ORTHOPEDIC DEVICE: ADJUSTMENT versus ATTENTION**

Guideline: V codes indicating encounters for cleaning of device, fitting and adjustment of device, and components relating to device care are distinct from actual treatment of orthopedic aftercare.

The "Excludes" note under code V53.7 excludes the coding of orthopedic aftercare.   The "Excludes" note under category V54 excludes the coding of care related to device.

V0221   Exclusive check (if match, error) - W029

Diagnosis Table   V53.7   Fitting/adjustment of orthopedic devices

Relational Table   V54.x   Other orthopedic aftercare

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under code V53.7 and category V54.

V0222   **ARM: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The excludes note under category V52 excludes the coding of status artificial arm. The "Excludes" note under category V43 excludes the coding of care related to artificial arm.

V0222   Exclusive check (if match, error) - W030

Diagnosis Table   V52.0   Fitting/adjustment of artificial arm

Relational Table   V43.7   Replacement status of limb

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0223   **LEG: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device
                 indicates that the status already exists.

                 The "Excludes" note under category V52 excludes the coding of artificial leg status. The "Excludes"
                 note under category V43 excludes the coding of care related to artificial leg.

V0223   Exclusive check (if match, error) - W031

Diagnosis Table   V52.1   Fitting/adjustment of artificial leg

Relational Table   V43.7   Replacement status of limb

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

                 ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0224   **EYE: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V52 excludes the coding of artificial eye status. The "Excludes" note under category V43 excludes the coding of care related to artificial eye.

V0224   Exclusive check (if match, error) - W032

Diagnosis Table   V52.2   Fitting/adjustment of artificial eye

Relational Table   V43.0   Replacement status of eye globe

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0225   **BREAST: ADJUSTMENT versus STATUS**

Guideline: V codes for the status codes are redundant, when the code for the fitting/adjustment of device indicates that the status already exists.

The "Excludes" note under category V52 excludes the coding of breast prosthesis/implant status.

The "Excludes" note under category V43 excludes the coding of care related to breast prosthesis/implant.

V0225   Exclusive check (if match, error) - W033

Diagnosis Table   V52.4   Fitting/adjustment of breast prosthesis and implant

Relational Table   V43.82   Replacement status of breast

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and V43.

V0226   **TRACHEOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0226   Exclusive check (if match, error) - W034

Diagnosis Table   519.0x   Tracheostomy complication

Relational Table   V55.0   Attention to tracheostomy
                              V44.0   Tracheostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.and title for complication of surgical and medical care (996-999).

V0227   **GASTROSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication or malfunction of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0227   Exclusive check (if match, error) - W035

Diagnosis Table	997.4	Digestive system complications
	536.4x	Gastrostomy complications
Relational Table	V55.1	Attention to gastrostomy
	V44.1	Gastrostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56; 4th Quarter 1998, pages 43-44.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.and title for complication of surgical and medical care (996-999).

V0228 **ILEOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0228 Exclusive check (if match, error) - W036

Diagnosis Table 569.6x Colostomy and enterostomy complication

Relational Table V55.2 Attention to ileostomy
V44.2 Ileostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.and title for complication of surgical and medical care (996-999).

V0229   **COLOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0229   Exclusive check (if match, error) - W037

Diagnosis Table   569.6x   Other colostomy and/or enterostomy complication

Relational Table   V55.3   Attention to colostomy
                          V44.3   Colostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.and title for complication of surgical and medical care (996-999).

V0230   **CYSTOSTOMY: ATTENTION/STATUS versus COMPLICATION**

Guideline: V codes indicating encounters for care of artificial openings should not be used when there is a
complication of the artificial opening.

The "Excludes" note under category V44 also refers to category V55, which excludes the coding of
care related to complications of the artificial openings.

The "Excludes" note under the heading for complications of surgical and medical care (996-999)
excludes the coding of postoperative conditions in which no complications are present (V44, V52,
V55).

V0230   Exclusive check (if match, error) - W038

Diagnosis Table   997.5   Urinary complications

Relational Table   V55.5   Attention to cystostomy
                           V44.5   Cystostomy status

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V44 and V55.and title for
complication of surgical and medical care (996-999).

V0231   **BREAST: ATTENTION versus COMPLICATION**

Guideline: V codes indicating encounters for fitting/adjustment of breast prosthesis/implant should not be used when there is a complication of the breast prosthesis/implant.

The "Excludes" note under category V52 excludes the coding of care related to the complications of the breast prosthesis/implant.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0231   Exclusive check (if match, error) - W039

Diagnosis Table   996.54   Complication due to breast prosthesis

Relational Table   V52.4   Fitting/adjustment of breast prosthesis and implant

----

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and title for complication of surgical and medical care (996-999).

V0232   **PACEMAKER: ATTENTION versus COMPLICATION**

Guideline: V codes indicating encounters for fitting/adjustment of pacemaker should not be used when there is a complication of the pacemaker.

The "Excludes" note under category V52 excludes the coding of care related to the complications of the pacemaker.

The "Excludes" note under the heading for complications of surgical and medical care (996-999) excludes the coding of postoperative conditions in which no complications are present (V44, V52, V55).

V0232   Exclusive check (if match, error) - W040

Diagnosis Table   996.01   Complication due to cardiac pacemaker

Relational Table   V53.31   Fitting/adjustment of cardiac pacemaker

----

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, page 56.

ICD-9-CM Codebook, Tabular Section, Excludes notes under categories V52 and title for complication of surgical and medical care (996-999).

V0233   **574.6 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED**

Guideline: Code 574.6x, Calculus of gallbladder and bile duct with acute cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0233   Exclusive check (if match, error) - R033

Diagnosis Table	574.00	Calculus of gallbladder with acute cholecystitis without obstruction
	574.01	Calculus of gallbladder with acute cholecystitis with obstruction
Relational Table	574.30	Calculus of bile duct with acute cholecystitis without obstruction
	574.31	Calculus of bile duct with acute cholecystitis with obstruction

HINT: The combination code is 574.6x (Calculus of gallbladder and bile duct with acute cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.6.

V0234   **574.7 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED**

Guideline: Code 574.7x, Calculus of gallbladder and bile duct with other cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0234   Exclusive check (if match, error) - R035

Diagnosis Table   574.10   Calculus of gallbladder with other cholecystitis without
                                                 obstruction
                         574.11   Calculus of gallbladder with other cholecystitis with obstruction

Relational Table   574.40   Calculus of bile duct with other cholecystitis without obstruction
                         574.41   Calculus of bile duct with other cholecystitis with obstruction

HINT: The combination code is 574.7x (Calculus of gallbladder and bile duct with other cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.7.

V0235   574.9 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED

Guideline: Code 574.9x, Calculus of gallbladder and bile duct without cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0235   Exclusive check (if match, error) - R037

Diagnosis Table   574.20   Calculus of gallbladder without mention of cholecystitis without obstruction

574.21   Calculus of gallbladder without mention of cholecystitis with obstruction

Relational Table   574.50   Calculus of bile duct without mention of cholecystitis without obstruction

574.51   Calculus of bile duct without mention of cholecystitis with obstruction

HINT: The combination code is 574.9x (Calculus of gallbladder and bile duct without cholecystitis with/without obstruction).

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.9.

V0236   **574.8 COMBINATION CODE FOR GALLSTONE AND BILE STONE NEEDED**

Guideline: Code 574.8x, Calculus of gallbladder and bile duct with acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0236   Exclusive check (if match, error) - R040

Diagnosis Table	574.60	Calculus of gallbladder and bile duct with acute cholecystitis without obstruction
	574.61	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
Relational Table	574.70	Calculus of gallbladder and bile duct with other cholecystitis without obstruction
	574.71	Calculus of gallbladder and bile duct with other cholecystitis with obstruction

HINT: *The combination code is 574.8x (Calculus of gallbladder and bile duct with acute and chronic cholecystitis with/without obstruction).*

References: ICD-9-CM Codebook, Tabular Section, Coding instructions under code 574.8.

V0237   **NEWBORN OUTCOME NEEDED FOR DELIVERY**

Guideline: An outcome of delivery code, V27, should be assigned as an additional code during the episode of care during which delivery occurred. The fourth digits indicate whether the outcome is liveborn or stillborn, and whether the outcome is single infant or multiple infants.

              These codes should not be used when a delivery occurs prior to hospital admission, or on subsequent admissions, or on the newborn record.

V0237   Inclusive check (if no match, error) - M001

Diagnosis Table   640-676   Pregnancy, delivered, with or without mention
                         5th digits .1 or .2   of antepartum or postpartum condition
                         650   Labor, delivery, antepartum and postpartum periods are
                                          entirely normal

Relational Table   V27.x   Outcome of Delivery

References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, Obstetric Guidelines 5.1 (D), page 26.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 210, 212.

              ICD-9-CM Codebook, Tabular Section, Coding instructions under category V27.

V0238   **PREGNANCY WITH OR WITHOUT HYPERTENSION ?**

Guideline: Hypertension associated with pregnancy, childbirth, or the puerperium is considered to be a complication unless the physician specifically indicates that it is not. This includes both pre-existing and transient hypertension of pregnancy or that arising during pregnancy. Often the symptoms of hypertension include edema and/or albuminuria or excessive weight gain that can aggravate hypertension.

If the edema or excessive weight gain in pregnancy is documented by the physician and the hypertension is mentioned, the "Excludes" note directs the coder to use the combination code 642.x instead. It is illogical for a patient to have both hypertension and no hypertension.

V0238   Exclusive check (if match, error) - O007

Diagnosis Table   642.xx   Hypertension complicating pregnancy, childbirth, or the puerperium

Relational Table   646.1x   Edema or excessive weight gain in pregnancy, without mention of hypertension

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 218, 273.

ICD-9-CM Codebook, Tabular Section, Excludes notes under subcategory 646.1.

V0239   PREGNANCY AND RENAL DIAGNOSIS WITH OR WITHOUT HYPERTENSION?

Guideline: Hypertension associated with pregnancy, childbirth, or the puerperium is considered to be a complication unless the physician specifically indicates that it is not. This includes both pre-existing and transient hypertension of pregnancy or that arising during pregnancy. Often the symptoms of hypertension include edema, albuminuria, renal disease, nephropathy, and/or uremia.

If the albuminuria or renal disease in pregnancy is documented by the physician and the hypertension is mentioned, the "Excludes" note directs the coder to use the combination code 642.x instead. It is illogical for a patient to have both hypertension and no hypertension.

V0239   Exclusive check (if match, error) - O009

Diagnosis Table   642.xx   Hypertension complicating pregnancy, childbirth, or the puerperium

Relational Table   646.2x   Unspecified renal disease in pregnancy, without mention of hypertension

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1996, pages 218, 273.

ICD-9-CM Codebook, Tabular Section, Excludes notes under subcategory 646.2.

V0240   575.12   COMBINATION CODE FOR ACUTE AND CHRONIC CHOLECYSTITIS NEEDED

Guideline: Code 575.12, Acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after 10-1-96.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as gallstones and bile duct stones or when the Alphabetic Index so directs.

V0240   Exclusive check (if match, error) - R042

Diagnosis Table   575.0   Acute cholecystitis

Relational Table   575.11   Chronic cholecystitis

HINT: The combination code is 575.12 (Acute and chronic cholecystitis).

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 575.0

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for infections to be both unspecified and specified from the same category on the same record.

V0241   Exclusive Check (if match, error) - Y008

Diagnosis Table   001.9   Cholera, unspecified

Relational Table   001.0-   Cholera, specified
                               001.1

V0241   Exclusive Check (if match, error) - Y009

Diagnosis Table   002.9   Parathyroid fever, unspecified

Relational Table   002.1-   Parathyroid fever, specified
                               002.3

V0241   Exclusive Check (if match, error) - Y010

Diagnosis Table   003.20   Localized Salmonella infection, unspecified

Relational Table   003.21 -   Localized Salmonella infection, specified
                               003.29

V0241   Exclusive Check (if match, error) - Y011

Diagnosis Table   003.9   Salmonella infection, unspecified

Relational Table   003.0-   Salmonella infections, specified
                               003.8

V0241   Exclusive Check (if match, error) - Y012

Diagnosis Table   004.9   Shigellosis, unspecified

Relational Table   004.0-   Shigellosis infections, specified
                               004.8

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y013

Diagnosis Table	005.9	Food poisoning, unspecified

Relational Table	005.0- 005.89	Food poisonings, specified

V0241	Exclusive Check (if match, error) - Y014

Diagnosis Table	006.9	Amebiasis, unspecified

Relational Table	006.0- 006.8	Amebic infections, specified

V0241	Exclusive Check (if match, error) - Y015

Diagnosis Table	007.9	Protozoal intestinal disease, unspecified

Relational Table	007.0- 007.8	Protozoal intestinal diseases, specified

----

V0241	Exclusive Check (if match, error) - Y016

Diagnosis Table	008.00	E. coli, unspecified

Relational Table	008.01- 008.09	E. coli infections, specified

----

V0241	Exclusive Check (if match, error) - Y018

Diagnosis Table	009.0- 009.3	Ill-defined intestinal infections

Relational Table	001.0- 008.8	Intestinal infectious diseases, specified

----

V0241	Exclusive Check (if match, error) - Y019

Diagnosis Table	010.9	Primary tuberculous infection, unspecified

Relational Table	010.0- 010.8	Primary tuberculous infections, specified

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y020

| Diagnosis Table | 010.x0 | Primary tuberculous infection, unspecified test |
| Relational Table | 010.x1-010.x6 | Primary tuberculous infection, specified tests |

V0241   Exclusive Check (if match, error) - Y021

| Diagnosis Table | 011.x0 | Pulmonary tuberculous, unspecified test |
| Relational Table | 011.x1-011.x6 | Pulmonary tuberculous, specified tests |

V0241   Exclusive Check (if match, error) - Y022

| Diagnosis Table | 012.x0 | Respiratory tuberculosis, unspecified test |
| Relational Table | 012.x1-012.x6 | Respiratory tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y023

| Diagnosis Table | 013.x0 | CNS and meningeal tuberculosis, unspecified test |
| Relational Table | 013.x1-013.x6 | CNS and meningeal tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y024

| Diagnosis Table | 014.x0 | Intestinal tuberculosis, unspecified test |
| Relational Table | 014.x1-014.x6 | Intestinal tuberculosis, specified tests |

V0241   Exclusive Check (if match, error) - Y025

| Diagnosis Table | 015.x0 | Bones and joints tuberculosis, unspecified test |
| Relational Table | 015.x1-015.x6 | Bones and joints tuberculosis, specified tests |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y026

Diagnosis Table   016.x0   Genitourinary tuberculosis, unspecified test

Relational Table   016.x1-   Genitourinary tuberculosis, specified tests
                                   016.x6

V0241   Exclusive Check (if match, error) - Y027

Diagnosis Table   017.x0   Other organs with tuberculosis, unspecified test

Relational Table   017.x1-   Other organs with tuberculosis, specified tests
                                   017.x6

V0241   Exclusive Check (if match, error) - Y028

Diagnosis Table   018.x0   Miliary tuberculosis, unspecified test

Relational Table   018.x1-   Miliary tuberculosis, specified tests
                                   018.x6

V0241   Exclusive Check (if match, error) - Y029

Diagnosis Table   011.9   Pulmonary tuberculosis, unspecified

Relational Table   011.0-   Pulmonary tuberculoses, specified
                                   011.8

V0241   Exclusive Check (if match, error) - Y030

Diagnosis Table   013.9   CNS tuberculosis, unspecified

Relational Table   013.0-   CNS tuberculoses, specified
                                   013.8

V0241   Exclusive Check (if match, error) - Y031

Diagnosis Table   015.9   Bones and joints tuberculosis, unspecified

Relational Table   015.0-   Bones and joints tuberculoses, specified
                                   015.8

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

| V0241 | Exclusive Check (if match, error) - Y017 | | |

| Diagnosis Table | 016.9 | Genitourinary tuberculosis, unspecified |
| Relational Table | 016.0-016.8 | Genitourinary tuberculoses, specified |

| V0241 | Exclusive Check (if match, error) - Y032 | | |

| Diagnosis Table | 018.9 | Miliary tuberculosis, unspecified |
| Relational Table | 018.0-018.8 | Miliary tuberculoses, specified |

| V0241 | Exclusive Check (if match, error) - Y033 | | |

| Diagnosis Table | 020.9 | Plague, unspecified |
| Relational Table | 020.0-020.8 | Plagues, specified |

| V0241 | Exclusive Check (if match, error) - Y034 | | |

| Diagnosis Table | 021.9 | Tularemia, unspecified |
| Relational Table | 021.0-021.8 | Tularemia, specified |

| V0241 | Exclusive Check (if match, error) - Y035 | | |

| Diagnosis Table | 022.9 | Anthrax, unspecified |
| Relational Table | 022.0-022.8 | Anthrax, specified |

| V0241 | Exclusive Check (if match, error) - Y036 | | |

| Diagnosis Table | 023.9 | Brucellosis, unspecified |
| Relational Table | 023.0-023.8 | Brucellosis, specified |

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y037

Diagnosis Table	026.9	Rat-bite fever, unspecified
Relational Table	026.0- 026.8	Rat-bite fevers, specified

V0241   Exclusive Check (if match, error) - Y038

Diagnosis Table	027.9	Zoonotic bacterial disease, unspecified
Relational Table	027.0- 027.8	Zoonotic bacterial disease, specified

----

V0241   Exclusive Check (if match, error) - Y039

Diagnosis Table	030.9	Leprosy, unspecified
Relational Table	030.0- 030.8	Leprosy infections, specified

V0241   Exclusive Check (if match, error) - Y040

Diagnosis Table	031.9	Mycobacteria disease, unspecified
Relational Table	031.0- 031.8	Mycobacteria diseases, specified

----

V0241   Exclusive Check (if match, error) - Y041

Diagnosis Table	032.9	Diptheria, unspecified
Relational Table	032.0- 032.8	Diptheria infections, specified

----

V0241   Exclusive Check (if match, error) - Y042

Diagnosis Table	033.9	Whooping cough, unspecified organism
Relational Table	033.0- 033.8	Whooping cough, specified organisms

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y043	

Diagnosis Table	036.40	Meningococcal carditis, unspecified
Relational Table	036.41-036.43	Meningococcal carditis, specified

----

V0241	Exclusive Check (if match, error) - Y044	

Diagnosis Table	036.9	Meningococcal infection, unspecified
Relational Table	036.0-036.89	Meningococcal infections, specified

----

V0241	Exclusive Check (if match, error) - Y045	

Diagnosis Table	038.40	Gram-negative organism, unspecified
Relational Table	038.41-038.49	Gram-negative organisms, specified

----

V0241	Exclusive Check (if match, error) - Y046	

Diagnosis Table	038.9	Septicemia, unspecified
Relational Table	038.0-038.8	Septicemias, specified

V0241	Exclusive Check (if match, error) - Y047	

Diagnosis Table	039.9	Actinomycotic infections, unspecified site
Relational Table	039.0-039.8	Actinomycotic infections, specified sites

----

V0241	Exclusive Check (if match, error) - Y048	

Diagnosis Table	041.00	Streptococcus, unspecified
Relational Table	041.01-041.09	Streptococcus infections, specified

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y049

Diagnosis Table	041.10	Staphylococcus, unspecified
Relational Table	041.11- 041.19	Staphylococcus infections, specified

----
V0241   Exclusive Check (if match, error) - Y050

Diagnosis Table	041.9	Bacterial infection, unspecified
Relational Table	041.00- 041.89	Bacterial infections, specified

----
V0241   Exclusive Check (if match, error) - Y051

Diagnosis Table	045.x0	Acute poliomyelitis, unspecified viral type
Relational Table	045.x1- 045.x3	Acute poliomyelitis, specified viral types

----
V0241   Exclusive Check (if match, error) - Y052

Diagnosis Table	045.9	Acute poliomyelitis, unspecified
Relational Table	045.0- 045.2	Acute poliomyelitis, specified

V0241   Exclusive Check (if match, error) - Y053

Diagnosis Table	046.9	Slow virus infection of CNS, unspecified
Relational Table	046.0- 046.8	Slow virus infections of CNS, specified

----
V0241   Exclusive Check (if match, error) - Y054

Diagnosis Table	047.9	Viral meningitis, unspecified
Relational Table	047.0- 047.8	Viral meningitis, specified

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y055	

Diagnosis Table	049.9	Non-arthropod-borne viral disease of CNS, unspecified
Relational Table	049.0-049.8	Non-arthropod-borne viral diseases of CNS, specified

----

V0241	Exclusive Check (if match, error) - Y056	

Diagnosis Table	050.9	Smallpox, unspecified
Relational Table	050.0-050.2	Smallpox, specified

V0241	Exclusive Check (if match, error) - Y057	

Diagnosis Table	051.9	Paravaccina, unspecified
Relational Table	051.0-051.2	Paravaccina, specified

V0241	Exclusive Check (if match, error) - Y058	

Diagnosis Table	052.9	Varicella, without complication
Relational Table	052.0-052.8	Varicella, with complications

V0241	Exclusive Check (if match, error) - Y059	

Diagnosis Table	052.8	Varicella, with unspecified complication
Relational Table	052.0-052.7	Varicella, with specified complications

----

V0241	Exclusive Check (if match, error) - Y060	

Diagnosis Table	053.10	Herpes zoster with unspecified nervous system complication
Relational Table	053.11-053.19	Herpes zoster with specified nervous system complications

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y061

| Diagnosis Table | 053.8 | Herpes zoster, with unspecified complication |
| Relational Table | 053.0-
053.79 | Herpes zoster, with specified complications |

V0241   Exclusive Check (if match, error) - Y062

| Diagnosis Table | 053.9 | Herpes zoster, unspecified |
| Relational Table | 053.0-
053.8 | Herpes zoster, specified |

V0241   Exclusive Check (if match, error) - Y063

| Diagnosis Table | 054.10 | Genital herpes, unspecified |
| Relational Table | 054.11-
054.19 | Genital herpes, specified |

V0241   Exclusive Check (if match, error) - Y064

| Diagnosis Table | 054.40 | Herpes with unspecified opthalmic complication |
| Relational Table | 054.41-
054.49 | Herpes with specified opthalmic complications |

V0241   Exclusive Check (if match, error) - Y065

| Diagnosis Table | 054.8 | Herpes with unspecified complication |
| Relational Table | 054.0-
054.79 | Herpes with specified complications |

V0241   Exclusive Check (if match, error) - Y066

| Diagnosis Table | 054.9 | Herpes, unspecified |
| Relational Table | 054.0-
054.8 | Herpes infections, specified |

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241 Exclusive Check (if match, error) - Y067

| Diagnosis Table | 055.8 | Measles with unspecified complication |
| Relational Table | 055.0-
055.79 | Measles with specified complications |

V0241 Exclusive Check (if match, error) - Y068

| Diagnosis Table | 055.9 | Measles, without complication |
| Relational Table | 055.0-
055.8 | Measles, with complications |

V0241 Exclusive Check (if match, error) - Y069

| Diagnosis Table | 056.00 | Rubella, without neurological complication |
| Relational Table | 056.01-
056.09 | Rubella, with neurological complications |

V0241 Exclusive Check (if match, error) - Y070

| Diagnosis Table | 056.8 | Rubella, with unspecified complication |
| Relational Table | 056.0-
056.7 | Rubella, with specified complication |

V0241 Exclusive Check (if match, error) - Y071

| Diagnosis Table | 056.9 | Rubella, without complication |
| Relational Table | 056.0-
056.8 | Rubella, with complications |

V0241 Exclusive Check (if match, error) - Y072

| Diagnosis Table | 057.9 | Viral exanthem, unspecified |
| Relational Table | 057.0-
057.8 | Viral exanthem, specified |

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y073

Diagnosis Table	060.9	Yellow fever, unspecified
Relational Table	060.0- 060.1	Yellow fever, specified

V0241   Exclusive Check (if match, error) - Y074

Diagnosis Table	062.9	Mosquito-borne viral encephalitis, unspecified
Relational Table	062.0- 062.8	Mosquito-borne viral encephalitis, specified

----

V0241   Exclusive Check (if match, error) - Y075

Diagnosis Table	063.9	Tick-borne viral encephalitis, unspecified
Relational Table	063.0- 063.8	Tick-borne viral encephalitis, specified

----

V0241   Exclusive Check (if match, error) - Y076

Diagnosis Table	065.9	Arthropod-borne hemorrhagic fever, unspecified
Relational Table	065.0- 065.8	Arthropod-borne hemorrhagic fevers, specified

----

V0241   Exclusive Check (if match, error) - Y077

Diagnosis Table	066.9	Arthropod-borne viral disease, unspecified
Relational Table	066.0- 066.8	Arthropod-borne viral diseases, specified

----

V0241   Exclusive Check (if match, error) - Y078

Diagnosis Table	070.6- 070.9	Unspecified viral hepatitis
Relational Table	070.0- 070.5	Specified viral hepatitis

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y079

Diagnosis Table   072.8   Mumps with unspecified complication

Relational Table   072.0-   Mumps with specified complications
                              072.7

V0241   Exclusive Check (if match, error) - Y080

Diagnosis Table   072.9   Mumps without complication

Relational Table   072.0-   Mumps with complications
                              072.8

V0241   Exclusive Check (if match, error) - Y081

Diagnosis Table   073.8   Ornithosis, with unspecified complication

Relational Table   073.0-   Ornithosis, with specified complication
                              073.7

V0241   Exclusive Check (if match, error) - Y082

Diagnosis Table   073.9   Ornithosis, unspecified

Relational Table   073.0-   Ornithosis, specified
                              073.8

V0241   Exclusive Check (if match, error) - Y083

Diagnosis Table   074.20   Coxsackie carditis, unspecified

Relational Table   074.21-   Coxsackie carditis, specified
                              074.23

V0241   Exclusive Check (if match, error) - Y084

Diagnosis Table   076.9   Trachoma, unspecified

Relational Table   076.0-   Trachoma, specified
                              076.1

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241 Exclusive Check (if match, error) - Y085

Diagnosis Table	077.99	Unspecified diseases, due to viruses
Relational Table	077.0-077.8	Specified diseases, due to viruses

---

V0241 Exclusive Check (if match, error) - Y086

Diagnosis Table	078.10	Viral warts, unspecified
Relational Table	078.11-078.19	Viral warts, specified

V0241 Exclusive Check (if match, error) - Y087

Diagnosis Table	079.50	Retrovirus, unspecified
Relational Table	079.51-079.59	Retroviruses, specified

V0241 Exclusive Check (if match, error) - Y088

Diagnosis Table	079.98	Unspecified chlamydial infection
Relational Table	079.88	Specified chlamydial infections

V0241 Exclusive Check (if match, error) - Y090

Diagnosis Table	079.99	Unspecified viral infection
Relational Table	079.0-079.81	Specified viral infections

V0241 Exclusive Check (if match, error) - Y091

Diagnosis Table	081.9	Typhus, unspecified
Relational Table	081.0-081.2	Typhus, specified

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y092

Diagnosis Table	082.9	Tick-borne rickettsiosis, unspecified
Relational Table	082.0-082.8	Tick-borne rickettsiosis, specified

----

V0241   Exclusive Check (if match, error) - Y093

Diagnosis Table	083.9	Rickettsiosis, unspecified
Relational Table	083.0-083.8	Rickettsiosis, specified

V0241   Exclusive Check (if match, error) - Y094

Diagnosis Table	084.6	Malaria, unspecified
Relational Table	084.0-084.5	Malaria, specified

V0241   Exclusive Check (if match, error) - Y095

Diagnosis Table	085.9	Leishmaniasis, unspecified
Relational Table	085.0-085.5	Leishmaniasis, specified

V0241   Exclusive Check (if match, error) - Y096

Diagnosis Table	086.9	Trypanosomiasis, unspecified
Relational Table	086.0-086.5	Trypanosomiasis, specified

V0241   Exclusive Check (if match, error) - Y097

Diagnosis Table	087.9	Relapsing fever, unspecified
Relational Table	087.0-087.1	Relapsing fevers, specified

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y098		

Diagnosis Table	088.9	Arthropod-borne disease, unspecified
Relational Table	088.0- 088.8	Arthropod-borne diseases, specified

---

V0241	Exclusive Check (if match, error) - Y099		

Diagnosis Table	090.9	Congenital syphilis, unspecified
Relational Table	090.0- 090.7	Congenital syphilis, specified

V0241	Exclusive Check (if match, error) - Y100		

Diagnosis Table	091.50	Syphilitic uveitis, unspecified
Relational Table	091.51- 091.52	Syphilitic uveitis, specified

---

V0241	Exclusive Check (if match, error) - Y101		

Diagnosis Table	091.9	Secondary syphilis, unspecified
Relational Table	091.0- 091.8	Syphilis, specified

V0241	Exclusive Check (if match, error) - Y102		

Diagnosis Table	092.9	Early syphilis, latent, unspecified
Relational Table	092.0	Early syphilis, latent, specified

V0241	Exclusive Check (if match, error) - Y103		

Diagnosis Table	093.20	Syphilitic valve, unspecified
Relational Table	093.21- 093.24	Syphilitic valves, specified

V0241 **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241	Exclusive Check (if match, error) - Y104	

Diagnosis Table	093.9	Cardiovascular syphilis, unspecified

Relational Table	093.0- 093.89	Cardiovascular syphilis, specified

---

V0241	Exclusive Check (if match, error) - Y105	

Diagnosis Table	094.9	Neurosyphilis, unspecified

Relational Table	094.0- 094.8	Neurosyphilis, specified

V0241	Exclusive Check (if match, error) - Y106	

Diagnosis Table	095.9	Late symptomatic syphilis, unspecified

Relational Table	095.0- 095.8	Late symptomatic syphilis, specified

---

V0241	Exclusive Check (if match, error) - Y107	

Diagnosis Table	098.10	Acute gonococcal infection of upper genitourinary tract unspecified site

Relational Table	098.11- 098.19	Acute gonococcal infection of upper genitourinary tract specified sites

---

V0241	Exclusive Check (if match, error) - Y108	

Diagnosis Table	098.30	Chronic gonococcal infection of upper genitourinary tract, unspecified site

Relational Table	098.31- 098.39	Chronic gonococcal infection of upper genitourinary tract, specified sites

---

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y109

Diagnosis Table	099.50	Venereal diseases due to chlamydia trachomatis, unspecified site
Relational Table	099.51- 099.59	Venereal diseases due to chlamydia trachomatis, specified sites

---

V0241   Exclusive Check (if match, error) - Y110

Diagnosis Table	099.9	Venereal disease, unspecified
Relational Table	099.0- 099.8	Venereal disease, specified

V0241   Exclusive Check (if match, error) - Y111

Diagnosis Table	100.9	Leptospirosis, unspecified
Relational Table	100.0- 100.8	Leptospirosis, specified

V0241   Exclusive Check (if match, error) - Y112

Diagnosis Table	102.9	Yaws, unspecified
Relational Table	102.0- 102.8	Yaws, specified

V0241   Exclusive Check (if match, error) - Y113

Diagnosis Table	103.9	Pinta, unspecified
Relational Table	103.0- 103.8	Pinta, specified

V0241   Exclusive Check (if match, error) - Y114

Diagnosis Table	104.9	Spirochetal infection, unspecified
Relational Table	104.0- 104.8	Spirochetal infections, specified

---

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y115

Diagnosis Table	110.9	Dermatophytosis, unspecified site
Relational Table	110.0- 110.8	Dermatophytosis, specified sites

---
V0241   Exclusive Check (if match, error) - Y116

Diagnosis Table	111.9	Dermatomycosis, unspecified
Relational Table	111.0- 111.8	Dermatomycosis, specified

V0241   Exclusive Check (if match, error) - Y117

Diagnosis Table	112.9	Candidiasis, unspecified site
Relational Table	112.0- 112.8	Candidiasis, specified sites

V0241   Exclusive Check (if match, error) - Y118

Diagnosis Table	114.9	Coccidioidomycosis, unspecified
Relational Table	114.0- 114.5	Coccidioidomycosis, specified

V0241   Exclusive Check (if match, error) - Y119

Diagnosis Table	115.00	Histoplasma capsulatum, without manifestation
Relational Table	115.01- 115.09	Histoplasma capsulatum, with manifestation

---
V0241   Exclusive Check (if match, error) - Y120

Diagnosis Table	115.10	Histoplasma duboisII, with manifestation
Relational Table	115.11- 115.19	Histoplasma duboisII, with manifestation

---

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y121

Diagnosis Table   115.9   Histoplasmosis, unspecified

Relational Table   115.0-   Histoplasmosis, specified
                          115.1

V0241   Exclusive Check (if match, error) - Y122

Diagnosis Table   120.9   Schistosomiasis, unspecified

Relational Table   120.0-   Schistosomiasis, specified
                          120.8

V0241   Exclusive Check (if match, error) - Y123

Diagnosis Table   121.9   Trematode infection, unspecified

Relational Table   121.0-   Trematode infection, specified
                          121.8

V0241   Exclusive Check (if match, error) - Y124

Diagnosis Table   122.4   Echinococcus granulosus, unspecified

Relational Table   122.0-   Echinococcus granulosus, specified
                          122.3

V0241   Exclusive Check (if match, error) - Y125

Diagnosis Table   122.7   Echinococcus multilocularis infection, unspecified

Relational Table   122.4-   Echinococcus multilocularis infection, specified
                          122.6

V0241   Exclusive Check (if match, error) - Y126

Diagnosis Table   123.9   Cestode infection, unspecified

Relational Table   123.0-   Cestode infection, specified
                          123.8

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y127

Diagnosis Table	125.9	Filariasis, unspecified
Relational Table	125.0- 125.7	Filariasis, specified

V0241   Exclusive Check (if match, error) - Y128

Diagnosis Table	126.9	Ancylostomiasis and Necatoriasis, unspecified
Relational Table`	126.0- 126.8	Ancylostomiasis and Necatoriasis, specified

----

V0241   Exclusive Check (if match, error) - Y129

Diagnosis Table	127.9	Intestinal helminthiasis, unspecified
Relational Table	127.0- 127.8	Intestinal helminthiasis, specified

----

V0241   Exclusive Check (if match, error) - Y130

Diagnosis Table	128.9	Helminth infection, unspecified
Relational Table	128.0- 128.8	Helminth infections, specified

V0241   Exclusive Check (if match, error) - Y131

Diagnosis Table	130.9	Toxoplasmosis, unspecified
Relational Table	130.0- 130.8	Toxoplasmosis, specified

V0241   Exclusive Check (if match, error) - Y132

Diagnosis Table	131.00	Urogenital trichomoniasis, unspecified
Relational Table	131.01- 131.09	Urogenital trichomoniasis, unspecified

----

V0241   **UNSPECIFIED versus SPECIFIED INFECTIONS** - CONTINUED (see pg 244)

V0241   Exclusive Check (if match, error) - Y133

Diagnosis Table	131.9	Trichomoniasis, unspecified
Relational Table	131.0- 131.8	Trichomoniasis, specified

V0241   Exclusive Check (if match, error) - Y134

Diagnosis Table	132.9	Pediculosis, unspecified
Relational Table	132.0- 132.3	Pediculosis, specified

V0241   Exclusive Check (if match, error) - Y135

Diagnosis Table	133.9	Acariasis, unspecified
Relational Table	133.0- 133.8	Acariasis, specified

V0241   Exclusive Check (if match, error) - Y136

Diagnosis Table	134.9	Infestation, unspecified
Relational Table	134.0- 134.8	Infestations, specified

V0241   Exclusive Check (if match, error) - Y137

Diagnosis Table	136.9	Infectious and parasitic diseases, unspecified
Relational Table	136.0- 136.8	Infectious and parasitic diseases, specified

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0242   **UNSPECIFIED versus SPECIFIED TUMORS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for tumors of the same site to be both unspecified and specified from the same category on the same record.

V0242	Exclusive Check (if match, error) - Y138	

Diagnosis Table	140.9	Tumor of lip, unspecified
Relational Table	140.0-140.8	Tumor of lip, specified

V0242	Exclusive Check (if match, error) - Y139	

Diagnosis Table	141.9	Tumor of tongue, unspecified
Relational Table	141.0-141.8	Tumor of tongue, specified

V0242	Exclusive Check (if match, error) - Y140	

Diagnosis Table	142.9	Tumor of salivary gland, unspecified
Relational Table	142.0-142.8	Tumor of salivary gland, specified

---

V0242	Exclusive Check (if match, error) - Y141	

Diagnosis Table	143.9	Tumor of gum, unspecified
Relational Table	143.0-143.8	Tumor of gum, specified

V0242	Exclusive Check (if match, error) - Y142	

Diagnosis Table	144.9	Tumor, floor of mouth, unspecified
Relational Table	144.0-144.8	Tumor, floor of mouth, specified

---

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y143

| Diagnosis Table | 145.5 | Tumor of palate, unspecified |
| Relational Table | 145.2-145.3 | Tumor of palate, specified |

V0242   Exclusive Check (if match, error) - Y144

| Diagnosis Table | 145.9 | Tumor of mouth, unspecified |
| Relational Table | 145.0-145.8 | Tumor of mouth, specified |

V0242   Exclusive Check (if match, error) - Y145

| Diagnosis Table | 146.9 | Tumor of oropharynx, unspecified |
| Relational Table | 146.0-146.8 | Tumor of oropharynx, specified |

V0242   Exclusive Check (if match, error) - Y146

| Diagnosis Table | 147.9 | Tumor of nasopharynx, unspecified |
| Relational Table | 147.0-147.8 148.8 | Tumor of nasopharynx, specified |

V0242   Exclusive Check (if match, error) - Y147

| Diagnosis Table | 148.9 | Tumor of hypoharynx, unspecified |
| Relational Table | 148.0-148.8 | Tumor of hypopharynx, specified |

V0242   Exclusive Check (if match, error) - Y148

| Diagnosis Table | 150.9 | Tumor of esophagus, unspecified |
| Relational Table | 150.0-150.8 | Tumor of esophagus, specified |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y149

| Diagnosis Table | 151.9 | Tumor of stomach, unspecified |
| Relational Table | 151.0-
151.8 | Tumor of stomach, specified |

V0242   Exclusive Check (if match, error) - Y150

| Diagnosis Table | 152.9 | Tumor of small intestine, unspecified |
| Relational Table | 152.0-
152.8 | Tumor of small intestine, specified |

V0242   Exclusive Check (if match, error) - Y151

| Diagnosis Table | 153.9 | Tumor of colon, unspecified |
| Relational Table | 153.0-
153.8 | Tumor of colon, specified |

V0242   Exclusive Check (if match, error) - Y152

| Diagnosis Table | 156.9 | Tumor of biliary tract, unspecified |
| Relational Table | 156.0-
156.8 | Tumor of biliary tract, specified |

V0242   Exclusive Check (if match, error) - Y153

| Diagnosis Table | 157.9 | Tumor of pancreas, part unspecified |
| Relational Table | 157.0-
157.8 | Tumor of pancreas, part specified |

V0242   Exclusive Check (if match, error) - Y154

| Diagnosis Table | 158.9 | Tumor of peritoneum, unspecified |
| Relational Table | 158.0-
158.8 | Tumor of peritoneum, specified |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y155

Diagnosis Table	160.9	Tumor of accessory sinus, unspecified
Relational Table	160.0-160.8	Tumor of accessory sinus, specified

----

V0242   Exclusive Check (if match, error) - Y156

Diagnosis Table	161.9	Tumor of larynx, unspecified
Relational Table	161.0-161.8	Tumor of larynx, specified

V0242   Exclusive Check (if match, error) - Y157

Diagnosis Table	162.9	Tumor of bronchus and lung, unspecified
Relational Table	162.0-162.8	Tumor of bronchus and lung, specified

----

V0242   Exclusive Check (if match, error) - Y158

Diagnosis Table	163.9	Tumor of pleura, unspecified
Relational Table	163.0-163.8	Tumor of pleura, specified

V0242   Exclusive Check (if match, error) - Y159

Diagnosis Table	164.9	Tumor of mediastinum, part unspecified
Relational Table	164.2-164.3	Tumor of mediastinum, part specified

----

V0242   Exclusive Check (if match, error) - Y160

Diagnosis Table	170.9	Tumor of bone and cartilage, unspecified
Relational Table	170.0-170.8	Tumor of bone and cartilage, specified

----

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y161

| Diagnosis Table | 171.9 | Tumor of connective and other soft tissue, unspecified site |
| Relational Table | 171.0-171.8 | Tumor of connective and other soft tissue, specified site |

V0242   Exclusive Check (if match, error) - Y162

| Diagnosis Table | 172.9 | Melanoma of skin, unspecified site |
| Relational Table | 172.0-172.8 | Melanoma of skin, specified sites |

V0242   Exclusive Check (if match, error) - Y163

| Diagnosis Table | 173.9 | Tumor of skin, unspecified site |
| Relational Table | 173.0-173.8 | Tumor of skin, specified sites |

V0242   Exclusive Check (if match, error) - Y164

| Diagnosis Table | 174.9 | Tumor of breast, unspecified |
| Relational Table | 174.0-174.8 | Tumor of breast, specified |

V0242   Exclusive Check (if match, error) - Y165

| Diagnosis Table | 176.9 | Kaposi's sarcoma, unspecified site |
| Relational Table | 176.0-176.8 | Kaposi's sarcoma, specified sites |

V0242   Exclusive Check (if match, error) - Y166

| Diagnosis Table | 180.9 | Tumor of cervix uteri, unspecified |
| Relational Table | 180.0-180.8 | Tumor of cervix uteri, specified |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y167

| Diagnosis Table | 183.9 | Tumor of uterine adnexa, unspecified |
| Relational Table | 183.0-183.8 | Tumor of uterine adnexa, specified |

V0242   Exclusive Check (if match, error) - Y168

| Diagnosis Table | 184.9 | Tumor of female genital organ, unspecified site |
| Relational Table | 184.0-184.8 | Tumor of female genital organ, specified sites |

V0242   Exclusive Check (if match, error) - Y169

| Diagnosis Table | 187.9 | Tumor of male genital organ, unspecified site |
| Relational Table | 187.1-187.8 | Tumor of male genital organ, specified sites |

V0242   Exclusive Check (if match, error) - Y170

| Diagnosis Table | 188.9 | Tumor of bladder, unspecified part |
| Relational Table | 188.0-188.8 | Tumor of bladder, specified part |

V0242   Exclusive Check (if match, error) - Y171

| Diagnosis Table | 189.9 | Tumor of urinary organ, unspecified site |
| Relational Table | 189.0-189.8 | Tumor of urinary organ, specified sites |

V0242   Exclusive Check (if match, error) - Y172

| Diagnosis Table | 190.9 | Tumor of eye, unspecified part |
| Relational Table | 190.0-190.8 | Tumor of eye, specified part |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y173

| Diagnosis Table | 191.9 | Tumor of brain, unspecified |
| Relational Table | 191.0-191.8 | Tumor of brain, specified |

V0242   Exclusive Check (if match, error) - Y174

| Diagnosis Table | 192.9 | Tumor of nervous system, unspecified part |
| Relational Table | 192.0-192.8 | Tumor of nervous system, specified part |

V0242   Exclusive Check (if match, error) - Y175

| Diagnosis Table | 194.9 | Tumor of endocrine gland, unspecified site |
| Relational Table | 194.0-194.8 | Tumor of endocrine gland, specified sites |

V0242   Exclusive Check (if match, error) - Y176

| Diagnosis Table | 196.9 | Tumor of lymph nodes, unspecified site |
| Relational Table | 196.0-196.8 | Tumor of lymph nodes, specified sites |

V0242   ~~Exclusive Check (if match, error) - Y177~~ *discontinued 1/1/99*

| Diagnosis Table | 200.00 | Reticulosarcoma, unspecified site |
| Relational Table | 200.01-200.08 | Reticulosarcoma, specified site |

V0242   ~~Exclusive Check (if match, error) - Y178~~ *discontinued 1/1/99*

| Diagnosis Table | 200.10 | Lymphosarcoma, unspecified site |
| Relational Table | 200.11-200.18 | Lymphosarcoma, specified site |

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

~~V0242~~   ~~Exclusive Check (if match, error) - Y179~~ *discontinued 1/1/99*

Diagnosis Table	200.20	Burkitt's tumor or lymphoma, unspecified site
Relational Table	200.21-200.28	Burkitt's tumor or lymphoma, specified site

----
~~V0242~~   ~~Exclusive Check (if match, error) - Y180~~ *discontinued 1/1/99*

Diagnosis Table	200.80	Lymphosarcoma, unspecified site
Relational Table	200.81-200.88	Lymphosarcoma, specified site

~~V0242~~   ~~Exclusive Check (if match, error) - Y181~~ *discontinued 1/1/99*

Diagnosis Table	201.00	Hodgkin's paragranuloma, unspecified site
Relational Table	201.01-201.08	Hodgkin's paragranuloma, specified site

----
~~V0242~~   ~~Exclusive Check (if match, error) - Y182~~ *discontinued 1/1/99*

Diagnosis Table	201.10	Hodgkin's granuloma, unspecified site
Relational Table	201.11-201.18	Hodgkin's granuloma, specified site

----
~~V0242~~   ~~Exclusive Check (if match, error) - Y183~~ *discontinued 1/1/99*

Diagnosis Table	201.20	Hodgkin's sarcoma, unspecified site
Relational Table	201.21-201.28	Hodgkin's sarcoma, specified site

----
~~V0242~~   ~~Exclusive Check (if match, error) - Y184~~ *discontinued 1/1/99*

Diagnosis Table	201.40	Lymphocytic-histiocytic Hodgkin, unspecified site
Relational Table	201.41-201.48	Lymphocytic-histiocytic Hodgkin, specified site

----

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

~~V0242   Exclusive Check (if match, error) - Y185~~ *discontinued 1/1/99*

Diagnosis Table	201.50	Nodular sclerosis Hodgkin, unspecified site
Relational Table	201.51- 201.58	Nodular sclerosis Hodgkin, specified site

----

~~V0242   Exclusive Check (if match, error) - Y186~~ *discontinued 1/1/99*

Diagnosis Table	201.60	Mixed cellularity Hodgkin, unspecified site
Relational Table	201.61- 201.68	Mixed cellularity Hodgkin, specified site

----

~~V0242   Exclusive Check (if match, error) - Y187~~ *discontinued 1/1/99*

Diagnosis Table	201.70	Lymphocytic depletion Hodgkin, unspecified site
Relational Table	201.71- 201.78	Lymphocytic depletion Hodgkin, specified site

----

V0242   Exclusive Check (if match, error) - Y188

Diagnosis Table	201.9	Hodgkin's disease, unspecified
Relational Table	201.0- 201.7	Hodgkin's disease, specified

~~V0242   Exclusive Check (if match, error) - Y189~~ *discontinued 1/1/99*

Diagnosis Table	202.00	Nodular lymphoma, unspecified site
Relational Table	202.01- 202.08	Nodular lymphoma, specified site

----

~~V0242   Exclusive Check (if match, error) - Y190~~ *discontinued 1/1/99*

Diagnosis Table	202.10	Mycosis fungoides, unspecified site
Relational Table	202.11- 202.18	Mycosis fungoides, specified site

----

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

~~V0242   Exclusive Check (if match, error) - Y191~~ *discontinued 1/1/99*

Diagnosis Table	202.20	Sezary's disease, unspecified site
Relational Table	202.21- 202.28	Sezary's disease, specified site

----

~~V0242   Exclusive Check (if match, error) - Y192~~ *discontinued 1/1/99*

Diagnosis Table	202.30	Malignant histiocytosis, unspecified site
Relational Table	202.31- 202.38	Malignant histiocytosis, specified site

----

~~V0242   Exclusive Check (if match, error) - Y193~~ *discontinued 1/1/99*

Diagnosis Table	202.40	Leukemic reticuloendotheliosis, unspecified site
Relational Table	202.41- 202.48	Leukemic reticuloendotheliosis, specified site

----

~~V0242   Exclusive Check (if match, error) - Y194~~ *discontinued 1/1/99*

Diagnosis Table	202.50	Letterer-siwe disease, unspecified site
Relational Table	202.51- 202.58	Letterer-siwe disease, specified site

----

~~V0242   Exclusive Check (if match, error) - Y195~~ *discontinued 1/1/99*

Diagnosis Table	202.60	Malignant mast cell tumors, unspecified site
Relational Table	202.61- 202.68	Malignant mast cell tumors, specified site

----

~~V0242   Exclusive Check (if match, error) - Y196~~ *discontinued 1/1/99*

Diagnosis Table	202.80	Lymphomas, unspecified site
Relational Table	202.81- 202.88	Lymphomas, specified site

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242	Exclusive Check (if match, error) - Y198	
Diagnosis Table	204.9	Lymphoid leukemia, unspecified
Relational Table	204.0-204.8	Lymphoid leukemia, specified

V0242	Exclusive Check (if match, error) - Y199	
Diagnosis Table	205.9	Myeloid leukemia, unspecified
Relational Table	205.0-205.8	Myeloid leukemia, specified

V0242	Exclusive Check (if match, error) - Y200	
Diagnosis Table	206.9	Monocytic leukemia, unspecified
Relational Table	206.0-206.8	Monocytic leukemia, specified

V0242	Exclusive Check (if match, error) - Y201	
Diagnosis Table	208.9	Leukemia, unspecified
Relational Table	208.0-208.8	Leukemia, specified

V0242	Exclusive Check (if match, error) - Y208	
Diagnosis Table	218.9	Leiomyoma of uterus, unspecified
Relational Table	218.0-218.2	Leiomyoma of uterus, specified

V0242	Exclusive Check (if match, error) - Y209	
Diagnosis Table	219.9	Benign tumor of uterus, unspecified part
Relational Table	219.0-219.8	Benign tumor of uterus, specified part

----

V0242   **UNSPECIFIED versus SPECIFIED TUMORS** - CONTINUED (see pg 266)

V0242   Exclusive Check (if match, error) - Y210

Diagnosis Table	221.9	Benign tumor of female genital organ, unspecified site
Relational Table	221.0-221.8	Benign tumor of female genital organ, specified site

----

V0242   Exclusive Check (if match, error) - Y211

Diagnosis Table	222.9	Benign tumor of male genital organ, unspecified site
Relational Table	222.0-222.8	Benign tumor of male genital organ, specified site

----

V0242   Exclusive Check (if match, error) - Y220

Diagnosis Table	237.70	Neurofibromatosis, unspecified
Relational Table	237.71-237.72	Neurofibromatosis, specified

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the endocrine disease to be both unspecified and specified from the same category on the same record.

V0243   Exclusive Check (if match, error) - Y221

Diagnosis Table   240.9   Goiter, unspecified

Relational Table   240.0   Goiter, specified

V0243   Exclusive Check (if match, error) - Y222

Diagnosis Table   241.9   Nontoxic nodular goiter, unspecified

Relational Table   241.0-   Nontoxic nodular goiter, specified
                           241.1

V0243   Exclusive Check (if match, error) - Y223

Diagnosis Table   242.3   Toxic nodular goiter, unspecified

Relational Table   242.0-   Toxic nodular goiter, specified
                           242.2

V0243   Exclusive Check (if match, error) - Y224

Diagnosis Table   242.9   Thyrotoxicosis without goiter

Relational Table   242.0-   Thyrotoxicosis with goiter
                           242.8

V0243   Exclusive Check (if match, error) - Y225

Diagnosis Table   244.9   Hypothyroidism, unspecified

Relational Table   244.0-   Hypothyroidism, specified
                           244.8

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y226	

Diagnosis Table	245.9	Thyroiditis, unspecified
Relational Table	245.0- 245.8	Thyroiditis, specified

V0243	Exclusive Check (if match, error) - Y227	

Diagnosis Table	246.9	Thyroid disorder, unspecified
Relational Table	246.0- 246.8	Thyroid disorder, specified

V0243	Exclusive Check (if match, error) - Y228	

Diagnosis Table	251.2	Hypoglycemia, unspecified
Relational Table	251.0- 251.1	Hypoglycemia, specified

V0243	Exclusive Check (if match, error) - Y229	

Diagnosis Table	251.9	Disorder of pancreatic internal secretion, unspecified
Relational Table	251.4- 251.8	Disorder of pancreatic internal secretion, specified

----

V0243	Exclusive Check (if match, error) - Y230	

Diagnosis Table	252.9	Disorder of parathyroid gland, unspecified
Relational Table	252.0- 252.8	Disorder of parathyroid gland, specified

----

V0243	Exclusive Check (if match, error) - Y231	

Diagnosis Table	253.9	Disorder of pituitary gland, unspecified
Relational Table	253.0- 253.8	Disorder of pituitary gland, specified

----

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y232	

| Diagnosis Table | 254.9 | Disease of Thymus gland, unspecified |
| Relational Table | 254.0-
254.8 | Disease of Thymus gland, specified |

| V0243 | Exclusive Check (if match, error) - Y233 | |

| Diagnosis Table | 255.9 | Disorder of adrenal gland, unspecified |
| Relational Table | 255.0-
255.8 | Disorder of adrenal gland, specified |

| V0243 | Exclusive Check (if match, error) - Y234 | |

| Diagnosis Table | 256.9 | Ovarian dysfunction, unspecified |
| Relational Table | 256.0-
256.8 | Ovarian dysfunction, specified |

| V0243 | Exclusive Check (if match, error) - Y235 | |

| Diagnosis Table | 257.9 | Testicular dysfunction, unspecified |
| Relational Table | 257.0-
257.8 | Testicular dysfunction, specified |

| V0243 | Exclusive Check (if match, error) - Y236 | |

| Diagnosis Table | 258.9 | Polyglandular dysfunction, unspecified |
| Relational Table | 258.0-
258.8 | Polyglandular dysfunction, specified |

| V0243 | Exclusive Check (if match, error) - Y238 | |

| Diagnosis Table | 263.9 | Malnutrition, unspecified |
| Relational Table | 263.0-
263.8 | Malnutrition, specified |

V0243　　　**UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y239	

Diagnosis Table	264.9	Vitamin A deficiency, unspecified
Relational Table	264.0-264.8	Vitamin A deficiency, specified

V0243	Exclusive Check (if match, error) - Y240	

Diagnosis Table	266.9	Vitamin B deficiency, unspecified
Relational Table	266.0-266.2	Vitamin B deficiency, specified

V0243	Exclusive Check (if match, error) - Y241	

Diagnosis Table	268.9	Vitamin D deficiency, unspecified
Relational Table	268.0-268.2	Vitamin D deficiency, specified

V0243	Exclusive Check (if match, error) - Y242	

Diagnosis Table	269.9	Nutritional deficiency, unspecified
Relational Table	269.0-269.8	Nutritional deficiency, specified

---

V0243	Exclusive Check (if match, error) - Y243	

Diagnosis Table	270.9	Disorder of amino-acid metabolism, unspecified
Relational Table	270.0-270.8	Disorder of amino-acid metabolism, specified

---

V0243	Exclusive Check (if match, error) - Y244	

Diagnosis Table	271.9	Disorder of carbohydrate transport and metabolism, unspecified
Relational Table	271.0-271.8	Disorder of carbohydrate transport and metabolism, specified

---

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
(see guideline on page 278)

V0243	Exclusive Check (if match, error) - Y245	
Diagnosis Table	272.9	Disorder of lipoid metabolism, unspecified
Relational Table	272.0-272.8	Disorder of lipoid metabolism, specified

----
V0243	Exclusive Check (if match, error) - Y246	
Diagnosis Table	273.9	Disorder of plasma protein metabolism, unspecified
Relational Table	273.0-273.8	Disorder of plasma protein metabolism, specified

----
V0243	Exclusive Check (if match, error) - Y247	
Diagnosis Table	274.10	Gouty nephropathy, unspecified
Relational Table	274.19	Gouty nephropathy, specified

V0243	Exclusive Check (if match, error) - Y248	
Diagnosis Table	274.9	Gout, unspecified
Relational Table	274.0-274.8	Gout, specified

V0243	Exclusive Check (if match, error) - Y249	
Diagnosis Table	275.9	Disorder of mineral metabolism, unspecified
Relational Table	275.0-275.8	Disorder of mineral metabolism, specified

----
V0243	Exclusive Check (if match, error) - Y250	
Diagnosis Table	277.9	Disorder of metabolism, unspecified
Relational Table	277.0x-277.8	Disorder of metabolism, specified

----

V0243   **UNSPECIFIED versus SPECIFIED ENDOCRINE DISEASE** - CONTINUED
             (see guideline on page 278)

V0243   Exclusive Check (if match, error) - R096

Diagnosis Table	278.00	Obesity, unspecified
Relational Table	278.01	Obesity, specified

V0243   Exclusive Check (if match, error) - Y252

Diagnosis Table	279.00	Hypogammaglobulinemia, unspecified
Relational Table	279.01- 279.09	Hypogammaglobulinemia, specified

---

V0243   Exclusive Check (if match, error) - Y253

Diagnosis Table	279.10	Immunodeficiency with T-cell, unspecified
Relational Table	279.11- 279.19	Immunodeficiency with T-cell, specified

---

V0243   Exclusive Check (if match, error) - Y254

Diagnosis Table	279.3	Immunity deficiency, unspecified
Relational Table	279.1- 279.2	Immunity deficiency, specified

V0243   Exclusive Check (if match, error) - Y255

Diagnosis Table	279.9	Disorder of immune mechanism, unspecified
Relational Table	279.0- 279.8	Disorder of immune mechanism, specified

---

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS**
              new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the blood diagnoses to be both unspecified and specified from the same category on the same record.

| V0244 | Exclusive Check (if match, error) - Y256 | |

| Diagnosis Table | 280.9 | Iron deficiency anemia, unspecified |
| Relational Table | 280.0-
280.8 | Iron deficiency anemia, specified |

| V0244 | Exclusive Check (if match, error) - Y257 | |

| Diagnosis Table | 281.9 | Deficiency anemia, unspecified |
| Relational Table | 281.0-
281.8 | Deficiency anemia, specified |

| V0244 | Exclusive Check (if match, error) - Y258 | |

| Diagnosis Table | 282.60 | Sickle-cell anemia, unspecified |
| Relational Table | 282.61-
282.69 | Sickle-cell anemia, specified |

| V0244 | Exclusive Check (if match, error) - Y259 | |

| Diagnosis Table | 282.9 | Hereditary hemolytic anemia, unspecified |
| Relational Table | 282.0-
282.8 | Hereditary hemolytic anemia, specified |

| V0244 | Exclusive Check (if match, error) - Y260 | |

| Diagnosis Table | 283.9 | Acquired hemolytic anemia, unspecified |
| Relational Table | 283.0-
283.2 | Acquired hemolytic anemia, specified |

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS** - CONTINUED
(see guideline on page 284)

V0244   Exclusive Check (if match, error) - Y261

Diagnosis Table   283.10   Non-autoimmune hemolytic anemia, unspecified

Relational Table   283.11-   Non-autoimmune hemolytic anemia, specified
                         283.19

V0244   Exclusive Check (if match, error) - Y262

Diagnosis Table   284.9   Aplastic anemia, unspecified

Relational Table   284.0-   Aplastic anemia, specified
                         284.8

V0244   Exclusive Check (if match, error) - Y263 – **Turned off** – wait for Coding Clinic

---

Diagnosis Table   285.9   Anemia, unspecified

Relational Table   285.0-   Anemia, specified
                         285.8

V0244   Exclusive Check (if match, error) - Y264

Diagnosis Table   287.5   Thromboytopenia, unspecified

Relational Table   287.3-   Thromboytopenia, specified
                         287.4

V0244   Exclusive Check (if match, error) - Y265

Diagnosis Table   287.9   Hemorrhagic conditions, unspecified

Relational Table   287.0-   Hemorrhagic conditions, specified
                         287.8

V0244   Exclusive Check (if match, error) - Y266

Diagnosis Table   288.9   Disease of white blood cells, unspecified

Relational Table   288.0-   Disease of white blood cells, specified
                         288.8

V0244   **UNSPECIFIED versus SPECIFIED BLOOD DIAGNOSIS** - CONTINUED
                    (see guideline on page 284)

V0244   Exclusive Check (if match, error) - Y267

Diagnosis Table   289.50   Disease of spleen, unspecified

Relational Table   289.51-   Disease of spleen, specified
                               289.59

V0244   Exclusive Check (if match, error) - Y268

Diagnosis Table   289.9   Disease of blood and blood-forming organs, unspecified

Relational Table   289.0-   Disease of blood and blood-forming organs, specified
                               289.8

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last
                     sentence); 1994, page 42; 1996, pages 42, 47.

                     Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter
                     1997, page 8.

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the psych or drug diagnosis to be unspecified and specified from the same category on the same record.

V0245   Exclusive Check (if match, error) - Y269

Diagnosis Table	290.10	Presenile dementia, uncomplicated
Relational Table	290.11- 290.13	Presenile dementia, complicated

---

V0245   Exclusive Check (if match, error) - Y270

Diagnosis Table	290.0	Senile dementia, uncomplicated
Relational Table	290.2- 290.3 290.8- 290.9	Senile dementia, complicated

---

V0245   Exclusive Check (if match, error) - Y271

Diagnosis Table	290.40	Arteriosclerosis dementia, uncomplicated
Relational Table	290.41- 290.43	Arteriosclerosis dementia, complicated

---

V0245   Exclusive Check (if match, error) - Y277

Diagnosis Table	290.9	Senile psychotic condition, unspecified
Relational Table	290.0- 290.8	Senile psychotic condition, specified

---

V0245   Exclusive Check (if match, error) - Y278

Diagnosis Table	291.9	Alcoholic psychosis, unspecified
Relational Table	291.0- 291.8	Alcoholic psychosis, specified

V0245 **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245 Exclusive Check (if match, error) - Y279

Diagnosis Table 292.9 Drug-induced mental disorder, unspecified

Relational Table 292.0-
292.8 Drug-induced mental disorder, specified

V0245 Exclusive Check (if match, error) - Y280

Diagnosis Table 293.9 Transient organic mental disorder, unspecified

Relational Table 293.0-
293.8 Transient organic mental disorder, specified

V0245 Exclusive Check (if match, error) - Y281

Diagnosis Table 294.9 Brain syndrome, unspecified

Relational Table 294.0-
294.8 Brain syndrome, specified

V0245 Exclusive Check (if match, error) - R110

Diagnosis Table 295.x0 Schizophrenic, unspecified type

Relational Table 295.x1-
295.x5 Schizophrenic, specified type

V0245 Exclusive Check (if match, error) - Y282

Diagnosis Table 295.9 Schizophrenic disorders, unspecified

Relational Table 295.0-
295.8 Schizophrenic disorders, specified

V0245 Exclusive Check (if match, error) - Y089

Diagnosis Table 295.00 Schizophrenic, simple type, unspecified

Relational Table 295.01-
295.05 Schizophrenic, simple type, specified

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y197

Diagnosis Table   295.10   Schizophrenic, disorganized type, unspecified

Relational Table   295.11-   Schizophrenic, disorganized type, specified
                         295.15

V0245   Exclusive Check (if match, error) - Y202

Diagnosis Table   295.20   Schizophrenic, catatonic type, unspecified

Relational Table   295.21-   Schizophrenic, catatonic type, specified
                         295.25

V0245   Exclusive Check (if match, error) - Y203

Diagnosis Table   295.30   Schizophrenic, paranoid type, unspecified

Relational Table   295.31-   Schizophrenic, paranoid type, specified
                         295.35

V0245   Exclusive Check (if match, error) - Y204

Diagnosis Table   295.40   Acute Schizophrenic episode, unspecified

Relational Table   295.41-   Acute Schizophrenic episode, specified
                         295.45

V0245   Exclusive Check (if match, error) - Y205

Diagnosis Table   295.50   Latent Schizophrenic episode, unspecified

Relational Table   295.51-   Latent Schizophrenic episode, specified
                         295.55

V0245   Exclusive Check (if match, error) - Y206

Diagnosis Table   295.60   Residual Schizophrenic episode, unspecified

Relational Table   295.61-   Residual Schizophrenic episode, specified
                         295.65

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y207	

Diagnosis Table	295.70	Schizo-affective type, unspecified
Relational Table	295.71- 295.75	Schizo-affective type, specified

---

V0245	Exclusive Check (if match, error) - Y212	

Diagnosis Table	295.80	Schizophrenia, other types, unspecified
Relational Table	295.81- 295.85	Schizophrenia, other types, specified

---

V0245	Exclusive Check (if match, error) - Y213	

Diagnosis Table	296.00	Manic disorder, single episode, unspecified
Relational Table	296.01- 296.06	Manic disorder, single episode, specified

---

V0245	Exclusive Check (if match, error) - Y214	

Diagnosis Table	296.10	Manic disorder, recurrent episode, unspecified
Relational Table	296.11- 296.16	Manic disorder, recurrent episode, specified

---

V0245	Exclusive Check (if match, error) - Y215	

Diagnosis Table	296.20	Major depressive disorder, single episode, unspecified
Relational Table	296.21- 296.26	Major depressive disorder, single episode, specified

---

V0245	Exclusive Check (if match, error) - Y216	

Diagnosis Table	296.30	Major depressive disorder, recurrent episode, unspecified
Relational Table	296.31- 296.36	Major depressive disorder, recurrent episode, specified

---

V0245 **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y217	

Diagnosis Table	296.40	Bipolar affective disorder, manic, unspecified
Relational Table	296.41- 296.46	Bipolar affective disorder, manic, specified

---

V0245	Exclusive Check (if match, error) - Y218	

Diagnosis Table	296.50	Bipolar affective disorder, depressed, unspecified
Relational Table	296.51- 296.56	Bipolar affective disorder, depressed, specified

---

V0245	Exclusive Check (if match, error) - Y219	

Diagnosis Table	296.60	Bipolar affective disorder, mixed, unspecified
Relational Table	296.61 296.66	Bipolar affective disorder, mixed, specified

---

V0245	Exclusive Check (if match, error) - Y283	

Diagnosis Table	297.9	Paranoid state, unspecified
Relational Table	297.0- 297.8	Paranoid state, specified

V0245	Exclusive Check (if match, error) - Y284	

Diagnosis Table	298.9	Psychosis, unspecified
Relational Table	298.0- 298.8	Psychosis, specified

V0245	Exclusive Check (if match, error) - Y286	

Diagnosis Table	300.10	Hysteria, unspecified
Relational Table	300.11- 300.15	Hysteria, specified

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y287	

Diagnosis Table	300.20	Phobia, unspecified
Relational Table	300.21- 300.29	Phobia, specified

V0245	Exclusive Check (if match, error) - Y288	

Diagnosis Table	300.9	Neurotic disorder, unspecified
Relational Table	300.0- 300.8	Neurotic disorder, specified

V0245	Exclusive Check (if match, error) - Y289	

Diagnosis Table	301.10	Affective personality disorder, unspecified
Relational Table	301.11- 301.13	Affective personality disorder, specified

---

V0245	Exclusive Check (if match, error) - Y290	

Diagnosis Table	301.20	Schizoid personality disorder, unspecified
Relational Table	301.21- 301.22	Schizoid personality disorder, specified

---

V0245	Exclusive Check (if match, error) - Y291	

Diagnosis Table	301.50	Histrionic personality disorder, unspecified
Relational Table	301.51- 301.59	Histrionic personality disorder, specified

---

V0245	Exclusive Check (if match, error) - Y292	

Diagnosis Table	301.9	Personality disorder, unspecified
Relational Table	301.0- 301.8	Personality disorder, specified

---

V0245　　**UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y293	

Diagnosis Table	302.50	Trans-sexualism, unspecified sex history
Relational Table	302.51-302.53	Trans-sexualism, specified sex history

---

V0245	Exclusive Check (if match, error) - Y294	

Diagnosis Table	302.9	Psychosexual disorder, unspecified
Relational Table	302.0-302.8	Psychosexual disorder, specified

---

V0245	Exclusive Check (if match, error) - Y295	

Diagnosis Table	302.70	Psychosexual dysfunction, unspecified
Relational Table	302.71-302.79	Psychosexual dysfunction, specified

---

V0245	Exclusive Check (if match, error) - Y406	

Diagnosis Table	303.00	Acute alcoholic intoxication, unspecified
Relational Table	303.01-303.03	Acute alcoholic intoxication, specified

---

V0245	Exclusive Check (if match, error) - Y407	

Diagnosis Table	303.90	Chronic alcoholic intoxication, unspecified
Relational Table	303.91-303.93	Chronic alcoholic intoxication, specified

---

V0245	Exclusive Check (if match, error) - Y408	

Diagnosis Table	304.00	Opioid dependence, unspecified
Relational Table	304.01-304.03	Opioid dependence, specified

V0245　　　　**UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

| V0245 | Exclusive Check (if match, error) - Y409 |

| Diagnosis Table | 304.10 | Barbiturate dependence, unspecified |

| Relational Table | 304.11-
304.13 | Barbiturate dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y410 |

| Diagnosis Table | 304.20 | Cocaine dependence, unspecified |

| Relational Table | 304.21-
304.23 | Cocaine dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y411 |

| Diagnosis Table | 304.30 | Cannibis dependence, unspecified |

| Relational Table | 304.31-
304.33 | Cannibis dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y412 |

| Diagnosis Table | 304.40 | Amphetamine dependence, unspecified |

| Relational Table | 304.41-
304.43 | Amphetamine dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y413 |

| Diagnosis Table | 304.50 | Hallucinogen dependence, unspecified |

| Relational Table | 304.51-
304.53 | Hallucinogen dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y414 |

| Diagnosis Table | 304.60 | Other drug dependence, unspecified |

| Relational Table | 304.61-
304.63 | Other drug dependence, specified |

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

| V0245 | Exclusive Check (if match, error) - Y415 |

| Diagnosis Table | 304.70 | Other drug/opioid dependence, unspecified |

| Relational Table | 304.71-
304.73 | Other drug/opioid dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y416 |

| Diagnosis Table | 304.80 | Other drug without opioid dependence, unspecified |

| Relational Table | 304.81-
304.83 | Other drug without opioid dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y296 |

| Diagnosis Table | 304.9 | Drug dependence, unspecified |

| Relational Table | 304.0-
304.8 | Drug dependence, specified |

| V0245 | Exclusive Check (if match, error) - Y417 |

| Diagnosis Table | 305.00 | Alcohol abuse, unspecified |

| Relational Table | 305.01-
305.03 | Alcohol abuse, specified |

| V0245 | Exclusive Check (if match, error) - Y418 |

| Diagnosis Table | 305.20 | Cannabis abuse, unspecified |

| Relational Table | 305.21-
305.23 | Cannabis abuse, specified |

| V0245 | Exclusive Check (if match, error) - Y419 |

| Diagnosis Table | 305.30 | Hallucinogen abuse, unspecified |

| Relational Table | 305.31-
305.33 | Hallucinogen abuse, specified |

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y420

Diagnosis Table   305.40   Barbiturate abuse, unspecified

Relational Table   305.41-   Barbiturate abuse, specified
                             305.43

V0245   Exclusive Check (if match, error) - Y421

Diagnosis Table   305.50   Opioid abuse, unspecified

Relational Table   305.51-   Opioid abuse, specified
                             305.53

V0245   Exclusive Check (if match, error) - Y422

Diagnosis Table   305.60   Cocaine abuse, unspecified

Relational Table   305.61-   Cocaine abuse, specified
                             305.63

V0245   Exclusive Check (if match, error) - Y423

Diagnosis Table   305.70   Amphetamine abuse, unspecified

Relational Table   305.71-   Amphetamine abuse, specified
                             305.73

V0245   Exclusive Check (if match, error) - Y424

Diagnosis Table   305.80   Antidepressant abuse, unspecified

Relational Table   305.81-   Antidepressant abuse, specified
                             305.83

V0245   Exclusive Check (if match, error) - Y297

Diagnosis Table   306.50   Psychogenic genitourinary malfunction, unspecified

Relational Table   306.51-   Psychogenic genitourinary malfunction, specified
                             306.59

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y298	
Diagnosis Table	306.9	Psychophysiological malfunction, unspecified
Relational Table	306.0-306.8	Psychophysiological malfunction, specified

----

V0245	Exclusive Check (if match, error) - Y299	
Diagnosis Table	307.20	Tic disorder, unspecified
Relational Table	307.21-307.23	Tic disorder, specified

V0245	Exclusive Check (if match, error) - Y300	
Diagnosis Table	307.40	Nonorganic sleep disorder, unspecified
Relational Table	307.41-307.49	Nonorganic sleep disorder, specified

----

V0245	Exclusive Check (if match, error) - Y301	
Diagnosis Table	307.50	Eating disorder, unspecified
Relational Table	307.51-307.59	Eating disorder, specified

V0245	Exclusive Check (if match, error) - Y302	
Diagnosis Table	308.9	Acute reaction to stress, unspecified
Relational Table	308.0-308.4	Acute reaction to stress, specified

----

V0245	Exclusive Check (if match, error) - Y303	
Diagnosis Table	309.9	Adjustment reaction, unspecified
Relational Table	309.0-309.8	Adjustment reaction, unspecified

----

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245	Exclusive Check (if match, error) - Y304		

Diagnosis Table	310.9	Nonpsychotic mental disorder following organic brain damage, unspecified
Relational Table	310.0-310.8	Nonpsychotic mental disorder following organic brain damage, unspecified

---

V0245	Exclusive Check (if match, error) - Y305		

Diagnosis Table	312.x0	Undersocialized conduct disorder, unspecified
Relational Table	312.x1-312.x3	Undersocialized conduct disorder, specified

---

V0245	Exclusive Check (if match, error) - Y306		

Diagnosis Table	312.9	Conduct disturbance, unspecified
Relational Table	312.0-312.8	Conduct disturbance, specified

V0245	Exclusive Check (if match, error) - Y307		

Diagnosis Table	312.30	Impulse control disorder, unspecified
Relational Table	312.31-312.39	Impulse control disorder, specified

---

V0245	Exclusive Check (if match, error) - Y308		

Diagnosis Table	314.9	Hyperkinetic syndrome, unspecified
Relational Table	314.0-314.8	Hyperkinetic syndrome, specified

---

V0245	Exclusive Check (if match, error) - Y309		

Diagnosis Table	315.00	Reading disorder, unspecified
Relational Table	315.01-315.09	Reading disorder, specified

V0245   **UNSPECIFIED versus SPECIFIED PSYCH AND/OR DRUG DIAGNOSIS** - CONTINUED
(see guideline on page 287)

V0245   Exclusive Check (if match, error) - Y310

Diagnosis Table   315.9   Delay in development, unspecified

Relational Table   315.0-   Delay in development, specified
                             315.8

V0245   Exclusive Check (if match, error) - Y311

Diagnosis Table   319   Mental retardation, unspecified

Relational Table   317-   Mental retardation, specified
                             318.2

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last
                sentence); 1994, page 42; 1996, pages 42, 47.

                Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter
                1997, page 8.

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the diagnosis for the central nervous system or the sense organ to be both unspecified and specified from the same category on the same record.

V0246   Exclusive Check (if match, error) - Y312

Diagnosis Table   320.9   Meningitis, unspecified bacteria

Relational Table   320.0-   Meningitis, specified bacteria
                         320.8

V0246   Exclusive Check (if match, error) - Y313

Diagnosis Table   322.9   Meningitis, unspecified

Relational Table   322.0-   Meningitis, specified
                         322.2

V0246   Exclusive Check (if match, error) - Y314

Diagnosis Table   323.9   Encephalitis, unspecified

Relational Table   323.0-   Encephalitis, specified
                         323.8

V0246   Exclusive Check (if match, error) - Y315

Diagnosis Table   324.9   Intracranial and intraspinal abscess, unspecified site

Relational Table   324.0-   Intracranial and intraspinal abscess, specified site
                         324.1

V0246   Exclusive Check (if match, error) - Y316

Diagnosis Table   330.9   Cerebral degeneration in childhood, unspecified

Relational Table   330.3-   Cerebral degeneration in childhood, specified
                         330.8

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED

V0246	Exclusive Check (if match, error) - Y317	
Diagnosis Table	331.9	Cerebral degeneration, unspecified
Relational Table	331.0- 331.8	Cerebral degeneration, specified

---

V0246	Exclusive Check (if match, error) - Y318	
Diagnosis Table	333.90	Extrapyramidal disease and abnormal movement disorder, unspecified
Relational Table	333.0- 333.89 333.91 333.99	Extrapyramidal disease and abnormal movement disorders, specified

---

V0246	Exclusive Check (if match, error) - Y319	
Diagnosis Table	334.9	Spinocerebellar disease, unspecified
Relational Table	334.0- 334.8	Spinocerebellar disease, specified

---

V0246	Exclusive Check (if match, error) - Y320	
Diagnosis Table	335.9	Anterior horn cell disease, unspecified
Relational Table	335.0- 335.8	Anterior horn cell disease, specified

---

V0246	Exclusive Check (if match, error) - Y321	
Diagnosis Table	335.10	Spinal muscular atrophy, unspecified
Relational Table	335.11- 335.19	Spinal muscular atrophy, specified

---

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246   Exclusive Check (if match, error) - Y322

| Diagnosis Table | 336.9 | Disease of spinal cord, unspecified |
| Relational Table | 336.0-
336.8 | Disease of spinal cord, specified |

V0246   Exclusive Check (if match, error) - Y323

| Diagnosis Table | 337.9 | Disorder of autonomic nervous system, unspecified |
| Relational Table | 337.0-
337.3 | Disorder of autonomic nervous system, specified |

V0246   Exclusive Check (if match, error) - Y324

| Diagnosis Table | 337.20 | Reflex sympathetic dystrophy, unspecified |
| Relational Table | 337.21-
337.29 | Reflex sympathetic dystrophy, specified |

V0246   Exclusive Check (if match, error) - Y325

| Diagnosis Table | 341.9 | Demyelinating disease of CNS, unspecified |
| Relational Table | 341.0-
341.8 | Demyelinating disease of CNS, specified |

V0246   Exclusive Check (if match, error) - Y326

| Diagnosis Table | 342.00 | Flaccid hemiplegia, affecting unspecified side |
| Relational Table | 342.01-
342.02 | Flaccid hemiplegia, affecting specified side |

V0246   Exclusive Check (if match, error) - Y327

| Diagnosis Table | 342.10 | Spastic hemiplegia, affecting unspecified side |
| Relational Table | 342.11-
342.12 | Spastic hemiplegia, affecting specified side |

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y328	

| Diagnosis Table | 342.80 | Other hemiplegia, affecting unspecified side |
| Relational Table | 342.81-342.82 | Other hemiplegia, affecting specified side |

V0246	Exclusive Check (if match, error) - Y329	

| Diagnosis Table | 342.90 | Hemiplegia, affecting unspecified side |
| Relational Table | 342.91-342.92 | Hemiplegia, affecting specified side |

V0246	Exclusive Check (if match, error) - Y330	

| Diagnosis Table | 342.9 | Hemiplegia, unspecified |
| Relational Table | 342.0-342.8 | Hemiplegia, specified |

V0246	Exclusive Check (if match, error) - Y331	

| Diagnosis Table | 343.9 | Infantile cerebral palsy, unspecified |
| Relational Table | 343.0-343.8 | Infantile cerebral palsy, specified |

V0246	Exclusive Check (if match, error) - Y332	

| Diagnosis Table | 344.00 | Quadraplegia, unspecified |
| Relational Table | 344.01-344.09 | Quadraplegia, specified |

V0246	Exclusive Check (if match, error) - Y333	

| Diagnosis Table | 344.30 | Monoplegia of lower limb, affecting unspecified side |
| Relational Table | 344.31-344.32 | Monoplegia of lower limb, affecting specified side |

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y334	

| Diagnosis Table | 344.40 | Monoplegia of upper limb, affecting unspecified side |
| Relational Table | 344.41-344.42 | Monoplegia of upper limb, affecting specified side |

| V0246 | Exclusive Check (if match, error) - Y335 | |

| Diagnosis Table | 344.9 | Paralysis, unspecified |
| Relational Table | 344.0-344.8 | Paralysis, specified |

| V0246 | Exclusive Check (if match, error) - Y337 | |

| Diagnosis Table | 346.9 | Migraine, unspecified |
| Relational Table | 346.0-346.8 | Migraine, specified |

| V0246 | Exclusive Check (if match, error) - Y338 | |

| Diagnosis Table | 348.9 | Brain condition, unspecified |
| Relational Table | 348.0-348.8 | Brain condition, specified |

| V0246 | Exclusive Check (if match, error) - Y339 | |

| Diagnosis Table | 349.9 | Disorder of nervous system, unspecified |
| Relational Table | 349.0-349.8 | Disorder of nervous system, specified |

| V0246 | Exclusive Check (if match, error) - Y340 | |

| Diagnosis Table | 350.9 | Trigeminal nerve disorder, unspecified |
| Relational Table | 350.1-350.8 | Trigeminal nerve disorder, specified |

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

V0246	Exclusive Check (if match, error) - Y341	

Diagnosis Table	351.9	Facial nerve disorder, unspecified
Relational Table	351.0- 351.8	Facial nerve disorder, specified

---

V0246	Exclusive Check (if match, error) - Y343	

Diagnosis Table	353.9	Nerve root and plexus disorder, unspecified
Relational Table	353.0- 353.8	Nerve root and plexus disorder, specified

---

V0246	Exclusive Check (if match, error) - Y344	

Diagnosis Table	356.9	Hereditary and idiopathic peripheral neuropathy, unspecified
Relational Table	356.0- 356.8	Hereditary and idiopathic peripheral neuropathy, specified

---

V0246	Exclusive Check (if match, error) - Y345	

Diagnosis Table	357.9	Inflammatory and toxic neuropathy, unspecified
Relational Table	357.0- 357.8x	Inflammatory and toxic neuropathy, specified

---

V0246	Exclusive Check (if match, error) - Y346	

Diagnosis Table	358.9	Myoneural disorders, unspecified
Relational Table	358.0- 358.8	Myoneural disorders, specified

V0246	Exclusive Check (if match, error) - Y347	

Diagnosis Table	359.9	Myopathy, unspecified
Relational Table	359.0- 359.8x	Myopathy, specified

V0246   **UNSPECIFIED versus SPECIFIED CNS OR SENSE ORGAN DIAGNOSIS** - CONTINUED
(see guideline on page 300)

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS**
             new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the circulatory diagnosis to be both unspecified and specified from the same category on the same record.

V0247   Exclusive Check (if match, error) - Y348

Diagnosis Table   401.9   Hypertension, unspecified

Relational Table   401.0-   Hypertension, specified
                             401.1

V0247   Exclusive Check (if match, error) - Y349

Diagnosis Table   402.9   Hypertensive heart disease, unspecified

Relational Table   402.0-   Hypertensive heart disease, specified
                             402.1

V0247   Exclusive Check (if match, error) - Y350

Diagnosis Table   403.9   Hypertensive renal disease, unspecified

Relational Table   403.0-   Hypertensive renal disease, specified
                             403.1

V0247   Exclusive Check (if match, error) - Y351

Diagnosis Table   404.9   Hypertensive heart and renal disease, unspecified

Relational Table   404.0-   Hypertensive heart and renal disease, specified
                             404.1

V0247   Exclusive Check (if match, error) - Y352

Diagnosis Table   405.9   Secondary hypertension, unspecified

Relational Table   405.0-   Secondary hypertension, specified
                             405.1

V0247 **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247	Exclusive Check (if match, error) - Y425

Diagnosis Table	410.00	Acute anterior wall MI, unspecified episode of care
Relational Table	410.01-410.02	Acute anterior wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y426

Diagnosis Table	410.10	Acute other anterior wall MI, unspecified episode of care
Relational Table	410.11-410.12	Acute other anterior wall MI, specified episode of

---

V0247	Exclusive Check (if match, error) - Y427

Diagnosis Table	410.20	Acute inferolateral wall MI, unspecified episode of care
Relational Table	410.21-410.22	Acute inferolateral wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y428

Diagnosis Table	410.30	Acute inferoposterior wall MI, unspecified episode of care
Relational Table	410.31-410.32	Acute inferoposterior wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y429

Diagnosis Table	410.40	Acute other inferior wall MI, unspecified episode of care
Relational Table	410.41-410.42	Acute other inferior wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y430

Diagnosis Table	410.50	Acute other lateral wall MI, unspecified episode of care
Relational Table	410.51-410.52	Acute other lateral wall MI, specified episode of care

---

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
           (see guideline on page 307)

V0247	Exclusive Check (if match, error) - Y431	
Diagnosis Table	410.60	Acute true posterior wall MI, unspecified episode of care
Relational Table	410.61-410.62	cute true posterior wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y432	
Diagnosis Table	410.70	Subendocardial wall MI, unspecified episode of care
Relational Table	410.71-410.72	Subendocardial wall MI, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y433	
Diagnosis Table	410.80	MI of other sites, unspecified episode of care
Relational Table	410.81-410.82	MI of other sites, specified episode of care

---

V0247	Exclusive Check (if match, error) - Y354	
Diagnosis Table	414.9	Chronic ischemic heart disease, unspecified
Relational Table	414.0x-414.8	Chronic ischemic heart disease, specified

---

V0247	Exclusive Check (if match, error) - Y355	
Diagnosis Table	417.9	Disease of pulmonary circulation, unspecified
Relational Table	417.0-417.8	Disease of pulmonary circulation, specified

---

V0247	Exclusive Check (if match, error) - Y356	
Diagnosis Table	416.9	Chronic pulmonary heart disease, unspecified
Relational Table	416.0-416.8	Chronic pulmonary heart disease, specified

---

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247	Exclusive Check (if match, error) - Y357	

Diagnosis Table	420.90	Acute pericarditis, unspecified
Relational Table	420.0 420.91- 420.99	Acute pericarditis, specified

---

V0247	Exclusive Check (if match, error) - Y358	

Diagnosis Table	421.9	Acute endocarditis, unspecified
Relational Table	421.0- 421.1	Acute endocarditis, specified

V0247	Exclusive Check (if match, error) - Y359	

Diagnosis Table	422.90	Acute myocarditis, unspecified
Relational Table	422.0 422.91- 421.99	Acute myocarditis, specified

---

V0247	Exclusive Check (if match, error) - Y360	

Diagnosis Table	423.9	Disease of pericardium, unspecified
Relational Table	423.0- 423.8	Disease of pericardium, specified

---

V0247	Exclusive Check (if match, error) - Y361	

Diagnosis Table	424.90	Endocarditis, unspecified valve, unspecified cause
Relational Table	424.0- 424.3	Endocarditis, specified valves, unspecified cause

---

V0247	Exclusive Check (if match, error) - Y362	

Diagnosis Table	425.9	Secondary cardiomyopathy, unspecified
Relational Table	425.0- 425.8	Secondary cardiomyopathy, specified

---

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

| V0247 | Exclusive Check (if match, error) - Y363 |

| Diagnosis Table | 426.10 | Atrioventricular block, unspecified |

| Relational Table | 426.0
426.11-
426.13 | Atrioventricular block, specified |

| V0247 | Exclusive Check (if match, error) - Y364 |

| Diagnosis Table | 426.50 | Bundle branch block, unspecified |

| Relational Table | 426.2-
426.4
426.51-
426.59 | Bundle branch block, specified |

| V0247 | Exclusive Check (if match, error) - Y365 |

| Diagnosis Table | 426.9 | Conduction disorder, unspecified |

| Relational Table | 426.0-
426.8 | Conduction disorder, specified |

| V0247 | Exclusive Check (if match, error) - Y366 |

| Diagnosis Table | 427.2 | Paroxysmal tachycardia, unspecified |

| Relational Table | 427.0-
427.1 | Paroxysmal tachycardia, specified |

| V0247 | Exclusive Check (if match, error) - Y367 |

| Diagnosis Table | 427.9 | Cardiac dysrhymia, unspecified |

| Relational Table | 427.0-
427.8 | Cardiac dysrhymia, specified |

| V0247 | Exclusive Check (if match, error) - Y368 |

| Diagnosis Table | 428.9 | Heart failure, unspecified |

| Relational Table | 428.0-
428.4x | Heart failure, specified |

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247   Exclusive Check (if match, error) - Y369

| Diagnosis Table | 432.9 | Intracranial hemorrhage, unspecified |
| Relational Table | 432.0-
432.1 | Intracranial hemorrhage, specified |

V0247   Exclusive Check (if match, error) - Y370

| Diagnosis Table | 433.9 | Occlusion and stenosis, unspecified precerebral artery |
| Relational Table | 433.0-
433.8 | Occlusion and stenosis, specified precerebral artery |

V0247   Exclusive Check (if match, error) - Y371

| Diagnosis Table | 434.9 | Occlusion, unspecified cerebral artery |
| Relational Table | 434.0-
434.1 | Occlusion, specified cerebral artery |

V0247   Exclusive Check (if match, error) - Y372

| Diagnosis Table | 435.9 | Transient cerbral ischemia, unspecified |
| Relational Table | 435.0-
435.8 | Transient cerbral ischemia, specified |

V0247   Exclusive Check (if match, error) - Y373

| Diagnosis Table | 440.20 | Atherosclerosis of extremities, unspecified |
| Relational Table | 440.21-
440.24 | Atherosclerosis of extremities, specified |

V0247   Exclusive Check (if match, error) - Y374

| Diagnosis Table | 441.00 | Dissecting aneurysm of aorta, unspecified site |
| Relational Table | 441.01-
441.03 | Dissecting aneurysm of aorta, specified site |

V0247   **UNSPECIFIED versus SPECIFIED CIRCULATORY DIAGNOSIS** - CONTINUED
(see guideline on page 307)

V0247	Exclusive Check (if match, error) - Y375

Diagnosis Table	444.9	Arterial embolism and thrombosis, unspecified artery
Relational Table	444.0- 444.8	Arterial embolism and thrombosis, specified artery

----

V0247	Exclusive Check (if match, error) - Y376

Diagnosis Table	446.20	Hypersensitivity angiitis, unspecified
Relational Table	446.21- 446.29	Hypersensitivity angiitis, specified

----

V0247	Exclusive Check (if match, error) - Y377

Diagnosis Table	447.9	Disorder of arteries and arterioles, unspecified
Relational Table	447.0- 447.8	Disorder of arteries and arterioles, specified

----

V0247	Exclusive Check (if match, error) - Y237

Diagnosis Table	457.9	Noninfectious disorder of lymphatic channels, unspecified
Relational Table	457.0- 457.81	Noninfectious disorder of lymphatic channels, specified

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0248   **UNSPECIFIED versus SPECIFIED RESPIRATORY DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for respiratory diagnosis to be both unspecified and specified from the same category on the same record.

V0248	Exclusive Check (if match, error) - Y378	

Diagnosis Table	465.9	Upper respiratory infection, unspecified site
Relational Table	465.8	Upper respiratory infection, multiple sites

---

V0248	Exclusive Check (if match, error) - Y379	

Diagnosis Table	474.9	Chronic disease of tonsils and adenoids, unspecified
Relational Table	474.0-474.8	Chronic disease of tonsils and adenoids, specified

---

V0248	Exclusive Check (if match, error) - Y380	

Diagnosis Table	478.20	Disease of pharynx, unspecified
Relational Table	478.21-478.29	Disease of pharynx, specified

V0248	Exclusive Check (if match, error) - Y381	

Diagnosis Table	480.9	Viral pneumonia, unspecified
Relational Table	480.0-480.8	Viral pneumonia, specified

V0248	Exclusive Check (if match, error) – Y285	

Diagnosis Table	482.30	Streptococcus pneumonia, unspecified
Relational Table	482.31-482.39	Streptococcus pneumonia, specified

---

V0248   **UNSPECIFIED versus SPECIFIED RESPIRATORY DIAGNOSIS** - CONTINUED
(see guideline on page 314)

V0248	Exclusive Check (if match, error) - Y382	

| Diagnosis Table | 482.9 | Bacterial pneumonia, unspecified |
| Relational Table | 482.0-482.8 | Bacterial pneumonia, specified |

V0248	Exclusive Check (if match, error) - Y383	

| Diagnosis Table | 491.9 | Chronic bronchitis, unspecified |
| Relational Table | 491.0-491.8 | Chronic bronchitis, specified |

V0248	Exclusive Check (if match, error) - Y336	

| Diagnosis Table | 493.9 | Asthma, unspecified |
| Relational Table | 493.0-493.2 | Asthma, specified |

V0248	Exclusive Check (if match, error) - Y384	

| Diagnosis Table | 506.9 | Unspecified respiratory conditions due to fumes and vapors |
| Relational Table | 506.0-506.4 | Specified respiratory conditions due to fumes and vapors |

V0248	Exclusive Check (if match, error) - Y385	

| Diagnosis Table | 516.9 | Alveolar and parietoalveolar pneumonopathy, unspecified |
| Relational Table | 516.0-516.8.1 | Alveolar and parietoalveolar pneumonopathy, specified |

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS**
new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category is also assigned.

It is illogical for the digestive diagnosis to be both unspecified and specified from the same category on the same record.

V0249	Exclusive Check (if match, error) - Y386

Diagnosis Table	520.9	Disorder of tooth development and eruption, unspecified
Relational Table	520.0-520.8	Disorder of tooth development and eruption, specified

---

V0249	Exclusive Check (if match, error) - Y387

Diagnosis Table	521.9	Disease of heart tissues of teeth, unspecified
Relational Table	521.0-521.8	Disease of heart tissues of teeth, specified

---

V0249	Exclusive Check (if match, error) – Y437

Diagnosis Table	521.00	Dental caries, unspecified
Relational Table	521.01-521.09	Dental caries, specified

V0249	Exclusive Check (if match, error) - Y388

Diagnosis Table	523.9	Gingival and periodontal disease, unspecified
Relational Table	523.0-523.8	Gingival and periodontal disease, specified

---

V0249	Exclusive Check (if match, error) - Y389

Diagnosis Table	524.00	Major anomaly of jaw size, unspecified
Relational Table	524.01-524.09	Major anomaly of jaw size, specified

---

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED

(see guideline on page 316)

| V0249 | Exclusive Check (if match, error) - Y390 |

| Diagnosis Table | 524.10 | Anomaly of jaw to cranial base, unspecified |

| Relational Table | 524.11-
524.19 | Anomaly of jaw to cranial base, specified |

| V0249 | Exclusive Check (if match, error) - Y392 |

| Diagnosis Table | 525.9 | Disorder of teeth and supporting structures, unspecified |

| Relational Table | 525.0-
525.8 | Disorder of teeth and supporting structures, specified |

| V0249 | Exclusive Check (if match, error) – Y436 |

| Diagnosis Table | 525.10 | Acquired absence of teeth, unspecified |

| Relational Table | 525.11-
525.19 | Acquired absence of teeth, specified |

| V0249 | Exclusive Check (if match, error) - Y393 |

| Diagnosis Table | 526.9 | Disease of jaws, unspecified |

| Relational Table | 526.0-
526.8 | Disease of jaws, specified |

| V0249 | Exclusive Check (if match, error) - Y394 |

| Diagnosis Table | 529.9 | Condition of tongue, unspecified |

| Relational Table | 529.0-
529.8 | Condition of tongue, specified |

| V0249 | Exclusive Check (if match, error) - Y395 |

| Diagnosis Table | 530.10 | Esophagitis, unspecified |

| Relational Table | 530.11-
530.19 | Esophagitis, specified |

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED
(see guideline on page 316)

| V0249 | Exclusive Check (if match, error) - Y396 |

| Diagnosis Table | 530.9 | Disorder of esophagus, unspecified |

| Relational Table | 530.0-
530.8 | Disorder of esophagus, specified |

| V0249 | Exclusive Check (if match, error) - Y397 |

| Diagnosis Table | 540.9 | Appendicitis, unspecified |

| Relational Table | 540.0-
540.1 | Appendicitis, specified |

| V0249 | Exclusive Check (if match, error) - Y398 |

| Diagnosis Table | 555.9 | Regional enteritis, unspecified site |

| Relational Table | 555.0-
555.2 | Regional enteritis, specified site |

| V0249 | Exclusive Check (if match, error) – Y435 |

| Diagnosis Table | 564.00 | Constipation, unspecified |

| Relational Table | 564.01-
564.09 | Constipation, specified |

| V0249 | Exclusive Check (if match, error) - Y399 |

| Diagnosis Table | 567.9 | Peritonitis, unspecified |

| Relational Table | 567.0-
567.2 | Peritonitis, specified |

| V0249 | Exclusive Check (if match, error) - Y400 |

| Diagnosis Table | 568.9 | Disorder of peritoneum, unspecified |

| Relational Table | 568.0-
568.8 | Disorder of peritoneum, specified |

V0249   **UNSPECIFIED versus SPECIFIED DIGESTIVE DIAGNOSIS** - CONTINUED
(see guideline on page 316)

V0249	Exclusive Check (if match, error) - Y401	
Diagnosis Table	569.60	Colostomy and/enterostomy complication, unspecified
Relational Table	569.61- 569.69	Colostomy and/enterostomy complication, specified

---

V0249	Exclusive Check (if match, error) - Y402	
Diagnosis Table	571.40	Chronic hepatitis, unspecified
Relational Table	571.41- 571.49	Chronic hepatitis, specified

V0249	Exclusive Check (if match, error) - Y342	
Diagnosis Table	575.10	Cholecystitis, unspecified
Relational Table	575.11- 575.12	Cholecystitis, specified

V0249	Exclusive Check (if match, error) - Y403	
Diagnosis Table	578.9	Gastrointestinal hemorrhage, unspecified
Relational Table	578.0- 578.1	Gastrointestinal hemorrhage, specified

---

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0250   **WITH OR WITHOUT HEPATITIS DELTA?**
              new 1/1/97

<u>Guideline:</u>   A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without Hepatitis Delta is contradictory and distorts statistics.

V0250   Exclusive check (if match, error) - R052

Diagnosis Table   070.20   Acute viral hepatitis B with hepatic coma, without Hepatitis Delta

Relational Table   070.21   Acute viral hepatitis B with hepatic coma, with Hepatitis Delta
----
V0250   Exclusive check (if match, error) - R054

Diagnosis Table   070.30   Acute viral hepatitis B without hepatic coma, without Hepatitis Delta

Relational Table   070.31   Acute viral hepatitis B without hepatic coma, with Hepatitis Delta
----
V0250   Exclusive check (if match, error) - R056

Diagnosis Table   070.22   Chronic viral hepatitis B with hepatic coma, without Hepatitis Delta

Relational Table   070.23   Chronic viral hepatitis B with hepatic coma, with Hepatitis Delta
----

V0250   **WITH OR WITHOUT HEPATITIS DELTA?** - CONTINUED
          (see guideline on page 320)

V0250   Exclusive check (if match, error) - R058

Diagnosis Table   070.32   Chronic viral hepatitis B without hepatic coma, without Hepatitis
                                          Delta

Relational Table   070.33   Chronic viral hepatitis B without hepatic coma, with Hepatitis

Delta

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and
                codes.

                Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986,
                page 8.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37;
                1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0251   **WITH OR WITHOUT HEPATIC COMA?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without hepatic coma is contradictory and distorts statistics.

V0251   Exclusive check (if match, error) - R060

Diagnosis Table   070.1   Viral hepatitis A without hepatic coma

Relational Table   070.0   Viral hepatitis A with hepatic coma
----
V0251   Exclusive check (if match, error) - R062

Diagnosis Table   070.20   Acute viral hepatitis B with hepatic coma
                           070.22   Chronic viral hepatitis B with hepatic coma

Relational Table   070.52   Hepatitis Delta without hepatitis B or hepatic coma
----
V0251   Exclusive check (if match, error) - R064

Diagnosis Table   070.51   Acute viral hepatitis C without hepatic coma
                           070.54   Chronic viral hepatitis C without hepatic coma

Relational Table   070.41   Acute viral hepatitis C with hepatic coma
                           070.44   Chronic viral hepatitis C with hepatic coma
----
V0251   Exclusive check (if match, error) - R066

Diagnosis Table   070.3x   Viral hepatitis B without hepatic coma

Relational Table   070.42   Hepatitis Delta without hepatitis B, with hepatic coma
----

V0251   **WITH OR WITHOUT HEPATIC COMA?** - CONTINUED
(see guideline on page 322)

V0251   Exclusive check (if match, error) - R068

Diagnosis Table   070.3x   Viral hepatitis B without hepatic coma

Relational Table   070.2x   Viral hepatitis B with hepatic coma
----
V0251   Exclusive check (if match, error) - R070

Diagnosis Table   070.52   Hepatitis Delta without hepatitis B, without hepatic coma

Relational Table   070.42   Hepatitis Delta without hepatitis B, with hepatic coma
----
V0251   Exclusive check (if match, error) - R072

Diagnosis Table   070.53   Hepatitis E without hepatic coma

Relational Table   070.43   Hepatitis E with hepatic coma

V0251   Exclusive check (if match, error) - R074

Diagnosis Table   070.6   Unspecified viral hepatitis with hepatic coma

Relational Table   070.9   Unspecified viral hepatitis without hepatic coma
----
V0251   Exclusive check (if match, error) - R076

Diagnosis Table   070.59   Specified viral hepatitis without hepatic coma

Relational Table   070.49   Specified viral hepatitis with hepatic coma
----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0252 **LEUKEMIA, WITH OR WITHOUT REMISSION?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding leukemia with and without remission is contradictory and distorts statistics.

V0252   Exclusive check (if match, error) - R100

Diagnosis Table   203.00   Multiple myeloma

Relational Table   203.01   Muliple myeloma, in remission

V0252   Exclusive check (if match, error) - R102

Diagnosis Table   203.10   Plasma cell leukemia

Relational Table   203.11   Plasma cell leukemia, in remission
----
V0252   Exclusive check (if match, error) - R103

Diagnosis Table   203.80   Immunoproliferative neoplasms

Relational Table   203.81   Immunoproliferative neoplasms, in remission
----
V0252   Exclusive check (if match, error) - R104

Diagnosis Table   204.00   Acute lymphoid leukemia
                         204.10   Chronic lymphoid leukemia
                         204.20   Subacute lymphoid leukemia
                         204.80   Other lymphoid leukemia

Relational Table   204.01   Acute lymphoid leukemia, in remission
                         204.11   Chronic lymphoid leukemia, in remission
                         204.21   Subacute lymphoid leukemia, in remission
                         204.81   Other lymphoid leukemia, in remission
----

V0252   **LEUKEMIA, WITH OR WITHOUT REMISSION?** - CONTINUED
(see guideline on page 324)

V0252   Exclusive check (if match, error) - R105

Diagnosis Table   205.00   Acute myeloid leukemia
                           205.10   Chronic myeloid leukemia
                           205.20   Subacute myeloid leukemia

Relational Table   205.01   Acute myeloid leukemia, in remission
                           205.11   Chronic myeloid leukemia, in remission
                           205.21   Subacute myeloid leukemia, in remission
----
V0252   Exclusive check (if match, error) - R106

Diagnosis Table   205.30   Myeloid sarcoma

Relational Table   205.31   Myeloid sarcoma, in remission

V0252   Exclusive check (if match, error) - R107

Diagnosis Table   205.80   Other myeloid sarcoma

Relational Table   205.81   Other myeloid sarcoma, in remission
----
V0252   Exclusive check (if match, error) - R108

Diagnosis Table   205.90   Unspecified myeloid sarcoma

Relational Table   205.91   Unspecified myeloid sarcoma, in remission
----
V0252   Exclusive check (if match, error) - R109

Diagnosis Table   206.00   Acute monocytic leukemia
                           206.10   Chronic monocytic leukemia
                           206.20   Subacute monocytic leukemia
                           206.80   Other monocytic leukemia

Relational Table   206.01   Acute monocytic leukemia, in remission
                           206.11   Chronic monocytic leukemia, in remission
                           206.21   Subacute monocytic leukemia, in remission
                           206.81   Other monocytic leukemia, in remission
----

V0252 **LEUKEMIA, WITH OR WITHOUT REMISSION?** - CONTINUED
(see guideline on page 324)

V0252 Exclusive check (if match, error) - R078

Diagnosis Table 207.00 Acute erythremia and erythroleukemia

Relational Table 207.01 Acute erythremia and erythroleukemia, in remission

---

V0252 Exclusive check (if match, error) - R080

Diagnosis Table 207.10 Chronic erythremia

Relational Table 207.11 Chronic erythremia, in remission

V0252 Exclusive check (if match, error) - R082

Diagnosis Table 207.20 Megakaryocytic leukemia

Relational Table 207.21 Megakaryocytic leukemia, in remission

---

V0252 Exclusive check (if match, error) - R084

Diagnosis Table 207.80 Other specified leukemia

Relational Table 207.81 Other specified leukemia, in remission

---

V0252 Exclusive check (if match, error) - R086

Diagnosis Table	208.00	Acute leukemia
	208.10	Chronic leukemia
	208.20	Subacute leukemia
	208.80	Other leukemia
Relational Table	208.01	Acute leukemia, in remission
	208.11	Chronic leukemia, in remission
	208.21	Subacute leukemia, in remission
	208.81	Other leukemia, in remission

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.
ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0253   **THYROID, WITH OR WITHOUT THYROTOXIC STORM**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

              Coding this condition with and without thyrotoxic storm is contradictory and distorts statistics.

V0253   Exclusive check (if match, error) - R088

Diagnosis Table   242.x0   Toxic diffuse goiter, without thyrotoxic crisis or storm

Relational Table   242.x1   Toxic diffuse goiter, with thyrotoxic crisis or storm

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0254   **CYSTIC FIBROSIS, WITH OR WITHOUT MECONIUM ILEUS?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding cystic fibrosis with and without meconium ileus is contradictory and distorts statistics.

V0254   Exclusive check (if match, error) - R090

Diagnosis Table   277.00   Cystic fibrosis, without meconium ileus

Relational Table   277.01   Cystic fibrosis, with meconium ileus

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0255   **WITH OR WITHOUT SICKLE-CELL CRISIS?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

              Coding this condition with and without sickle-cell crisis is contradictory and distorts statistics.

V0255   Exclusive check (if match, error) - R092

Diagnosis Table   282.61   Hb-S disease without sickle cell crisis

Relational Table   282.62   Hb-S disease with sickle cell crisis

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0256   **SCHIZOPHRENIA, CHRONIC ... or .... CHRONIC AND ACUTE?**
              new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as chronic and acute status for the same condition or when the Alphabetic Index so direct.

V0256   Exclusive Check (if match, error) - R111

Diagnosis Table   295.02   Schizophrenic, simple type, chronic

Relational Table   295.04   Schizophrenic, simple type, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R153

Diagnosis Table   295.12   Schizophrenic, disorganized type, chronic

Relational Table   295.14   Schizophrenic, disorganized type, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R154

Diagnosis Table   295.22   Schizophrenic, catatonic type, chronic

Relational Table   295.24   Schizophrenic, catatonic type, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R155

Diagnosis Table   295.32   Schizophrenic, paranoid type, chronic

Relational Table   295.34   Schizophrenic, paranoid type, chronic with acute exacerbation
----
VO256 Exclusive Check (if match, error) - R156

Diagnosis Table   295.42   Acute schizophrenic episode

Relational Table   295.44   Acute schizophrenic episode, chronic with acute exacerbation
----

V0256   **SCHIZOPHRENIA, CHRONIC ... or .... CHRONIC AND ACUTE?** - CONTINUED
(see guideline on page 330)

V0256   Exclusive Check (if match, error) - R157

Diagnosis Table   295.52   Latent schizophrenic, chronic

Relational Table   295.54   Latent schizophrenic, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R158

Diagnosis Table   295.62   Residual schizophrenic, chronic

Relational Table   295.64   Residual schizophrenic, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R159

Diagnosis Table   295.72   Schizo-affective type, chronic

Relational Table   295.74   Schizo-affective type, chronic with acute exacerbation
----
V0256   Exclusive Check (if match, error) - R160

Diagnosis Table   295.82   Schizophrenic types, chronic

Relational Table   295.84   Schizophrenic types, chronic with acute exacerbation
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb 1986, pages 8-10.

V0257 **SCHIZOPHRENIA, SUBCHRONIC ... or .... SUBCHRONIC AND ACUTE?**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as chronic and acute status for the same condition or when the Alphabetic Index so direct.

V0257	Exclusive Check (if match, error) - R112	

Diagnosis Table	295.01	Schizophrenic, simple type, subchronic

Relational Table	295.03	Schizophrenic, simple type, subchronic with acute exacerbation

---

V0257	Exclusive Check (if match, error) - R161	

Diagnosis Table	295.11	Schizophrenic, disorganized type, subchronic

Relational Table	295.13	Schizophrenic, disorganized type, subchronic with acute exacerbation

---

V0257	Exclusive Check (if match, error) - R162	

Diagnosis Table	295.21	Schizophrenic, catatonic type, subchronic

Relational Table	295.23	Schizophrenic, catatonic type, subchronic with acute exacerbation

---

V0257	Exclusive Check (if match, error) - R163	

Diagnosis Table	295.31	Schizophrenic, paranoid type, subchronic

Relational Table	295.33	Schizophrenic, paranoid type, subchronic with acute exacerbation

---

V0257	Exclusive Check (if match, error) - R164	

Diagnosis Table	295.41	Acute schizophrenic episode, subchronic

Relational Table	295.43	Acute schizophrenic episode, subchronic with acute exacerbation

---

V0257   **SCHIZOPHRENIA, SUBCHRONIC ... or .... SUBCHRONIC AND ACUTE?** - CONTINUED
(see guideline on page 332)

V0257   Exclusive Check (if match, error) - R165

Diagnosis Table	295.51	Latent schizophrenic, subchronic
Relational Table	295.53	Latent schizophrenic, subchronic with acute exacerbation

---

V0257   Exclusive Check (if match, error) - R166

Diagnosis Table	295.61	Residual schizophrenic, subchronic
Relational Table	295.63	Residual schizophrenic, subchronic with acute exacerbation

---

V0257   Exclusive Check (if match, error) - R167

Diagnosis Table	295.71	Schizo-affective type, subchronic
Relational Table	295.73	Schizo-affective type, subchronic with acute exacerbation

---

V0257   Exclusive Check (if match, error) - R168

Diagnosis Table	295.81	Schizophrenic types, subchronic
Relational Table	295.83	Schizophrenic types, subchronic with acute exacerbation

---

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule and page 44 on "Multiple Coding" rule.

Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb 1986, pages 8-10.

V0258   **SCHIZOPHRENIA, IN REMISSION OR ACTIVE?**
new 1/1/97

Guideline: During the current episode of care, it is illogical for schizophrenia to be both active and remission states. The correct interpretation in such cases is that one or the other should be used, but not both.

V0258   Exclusive check (if match, error) - R113

Diagnosis Table	295.05	Schizophrenia, simple type, in remission
Relational Table	295.01	Schizophrenia, simple type, subchronic
	295.02	Schizophrenia, simple type, chronic
	295.03	Schizophrenia, simple type, subchronic with acute exacerbation
	295.04	Schizophrenia, simple type, chronic with acute exacerbation

----

V0258   Exclusive check (if match, error) - R170

Diagnosis Table	295.15	Schizophrenia, disorganized type, in remission
Relational Table	295.11	Schizophrenia, disorganized type, subchronic
	295.12	Schizophrenia, disorganized type, chronic
	295.13	Schizophrenia, disorganized type, subchronic with acute exacerbation
	295.14	Schizophrenia, disorganized type, chronic with acute exacerbation

----

V0258   Exclusive check (if match, error) - R171

Diagnosis Table	295.25	Schizophrenia, catatonic type, in remission
Relational Table	295.21	Schizophrenia, catatonic type, subchronic
	295.22	Schizophrenia, catatonic type, chronic
	295.23	Schizophrenia, catatonic type, subchronic with acute exacerbation
	295.24	Schizophrenia, catatonic type, chronic with acute exacerbation

----

V0258 **SCHIZOPHRENIA, IN REMISSION OR ACTIVE?** - CONTINUED
(see guideline on page 334)

V0258 Exclusive check (if match, error) - R172

| Diagnosis Table | 295.35 | Schizophrenia, paranoid type, in remission |

Relational Table	295.31	Schizophrenia, paranoid type, subchronic
	295.32	Schizophrenia, paranoid type, chronic
	295.33	Schizophrenia, paranoid type, subchronic with acute exacerbation
	295.34	Schizophrenia, paranoid type, chronic with acute exacerbation

---

V0258 Exclusive check (if match, error) - R173

| Diagnosis Table | 295.45 | Acute schizophrenia episode, in remission |

Relational Table	295.41	Acute schizophrenia episode, subchronic
	295.42	Acute schizophrenia episode, chronic
	295.43	Acute schizophrenia episode, subchronic with acute exacerbation
	295.44	Acute schizophrenia episode, chronic with acute exacerbation

---

V0258 Exclusive check (if match, error) - R174

| Diagnosis Table | 295.55 | Latent schizophrenia, in remission |

Relational Table	295.51	Latent schizophrenia, subchronic
	295.52	Latent schizophrenia, chronic
	295.53	Latent schizophrenia, subchronic with acute exacerbation
	295.54	Latent schizophrenia, chronic with acute exacerbation

---

V0258 Exclusive check (if match, error) - R175

| Diagnosis Table | 295.65 | Residual schizophrenia, in remission |

Relational Table	295.61	Residual schizophrenia, subchronic
	295.62	Residual schizophrenia, chronic
	295.63	Residual schizophrenia, subchronic with acute exacerbation
	295.64	Residual schizophrenia, chronic with acute exacerbation

---

V0258   **SCHIZOPHRENIA, IN REMISSION OR ACTIVE?** - CONTINUED
            (see guideline on page 334)

V0258   Exclusive check (if match, error) - R176

Diagnosis Table   295.75   Schizo-affective type, in remission

Relational Table   295.71   Schizo-affective type, subchronic
                                   295.72   Schizo-affective type, chronic
                                   295.73   Schizo-affective type, subchronic with acute exacerbation
                                   295.74   Schizo-affective type, chronic with acute exacerbation
----
V0258   Exclusive check (if match, error) - R177

Diagnosis Table   295.85   Schizophrenia types, in remission

Relational Table   295.81   Schizophrenia types, subchronic
                                   295.82   Schizophrenia types, chronic
                                   295.83   Schizophrenia types, subchronic with acute exacerbation
                                   295.84   Schizophrenia types, chronic with acute exacerbation
----
References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-
                38.

V0259   **SEVERE PSYCHOSES, WITH OR WITHOUT PSYCHOTIC BEHAVIOR?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding this condition with and without psychotic behavior is contradictory and distorts statistics.

V0259   Exclusive check (if match, error) - R115

Diagnosis Table   296.03   Manic disorder, single episode, severe, without psychotic behavior

Relational Table   296.04   Manic disorder, single episode, severe, with psychotic behavior
----
V0259   Exclusive Check (if match, error) - R147

Diagnosis Table   296.13   Manic disorder, recurrent episode, severe, without psychotic behavior

Relational Table   296.14   Manic disorder, recurrent episode, severe, with psychotic behavior
----
V0259   Exclusive Check (if match, error) - R148

Diagnosis Table   296.23   Major depressive disorder, single episode, severe, without psychotic behavior

Relational Table   296.24   Major depressive disorder, single episode, severe, with psychotic behavior
----

V0259   **SEVERE PSYCHOSES, WITH OR WITHOUT PSYCHOTIC BEHAVIOR?** - CONTINUED
(see guideline on page 337)

V0259	Exclusive Check (if match, error) - R149	

Diagnosis Table	296.33	Major depressive disorder, recurrent episode, severe, without psychotic behavior
Relational Table	296.34	Major depressive disorder, recurrent episode, severe, with psychotic behavior

----

V0259	Exclusive Check (if match, error) - R150

Diagnosis Table	296.43	Bipolar affective disorder, manic, severe, without psychotic behavior
Relational Table	296.44	Bipolar affective disorder, manic, severe, with psychotic behavior

----

V0259	Exclusive Check (if match, error) - R151

Diagnosis Table	296.53	Bipolar affective disorder, depressed, severe, without psychotic behavior
Relational Table	296.54	Bipolar affective disorder, depressed, severe, with psychotic behavior

----

V0259	Exclusive Check (if match, error) - R152

Diagnosis Table	296.63	Bipolar affective disorder, mixed, severe, without psychotic behavior
Relational Table	296.64	Bipolar affective disorder, mixed, severe, with psychotic behavior

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0260   **CONDUCT DISORDER, CHILDHOOD OR ADOLESCENCE?**
              new 1/1/97

Guideline: During the current episode of care, it is illogical for the conduct disorder to be both childhood onset and adolescent onset. The correct interpretation in such cases is that one or the other should be used, but not both.

V0260   Exclusive check (if match, error) - R120

Diagnosis Table   312.81   Conduct disorder, childhood onset type

Relational Table   312.82   Conduct disorder, adolescent onset type
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0261   **ATTENTION DEFICIT DISORDER, WITH OR WITHOUT HYPERACTIVITY?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding attention deficit disorder (ADD) with and without hyperactivity is contradictory and distorts statistics.

V0261   Exclusive check (if match, error) - R121

Diagnosis Table   314.00   Attention deficit disorder, without hyperactivity

Relational Table   314.01   Attention deficit disorder, with hyperactivity

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0262   **INCOMPLETE OR COMPLETE QUADRIPLEGIA?**
                new 1/1/97

Guideline: During the current episode of care, it is illogical for the quadriplegia to be both incomplete and complete at the same level of spine. The correct interpretation in such cases is that one or the other should be used, but not both.

V0262   Exclusive check (if match, error) - R122

Diagnosis Table   344.02   C1-C4 quadriplegia, incomplete

Relational Table   344.01   C1-C4 quadriplegia, complete

V0262   Exclusive check (if match, error) - R123

Diagnosis Table   344.04   C5-C7 quadriplegia, incomplete

Relational Table   344.03   C5-C7 quadriplegia, complete

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0263   **WITH OR WITHOUT NEUROGENIC BLADDER?**
           new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding this condition with and without neurogenic bladder is contradictory and distorts statistics.

V0263   Exclusive check (if match, error) - R124

Diagnosis Table   344.60   Cauda equina syndrome without neurogenic bladder

Relational Table   344.61   Cauda equina syndrome with neurogenic bladder

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0264   **WITH OR WITHOUT INTRACTABLE MIGRAINE?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding this condition with and without intractable migraine is contradictory and distorts statistics.

V0264   Exclusive check (if match, error) - R125

Diagnosis Table   346.x0   Migraine, without intractability

Relational Table   346.x1   Migraine, with intractability

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0265   **HYPERTENSIVE DIAGNOSIS, BENIGN OR MALIGNANT?**
new 1/1/97

Guideline: During the current episode of care, it is illogical for the hypertensive diagnosis to be both benign and malignant. The correct interpretation in such cases is that one or the other should be used, but not both.

V0265   Exclusive check (if match, error) - R126

Diagnosis Table   401.0   Malignant hypertension

Relational Table   401.1   Benign hypertension

V0265   Exclusive check (if match, error) - R127

Diagnosis Table   402.0x   Malignant hypertensive heart disease

Relational Table   402.1x   Benign hypertensive heart disease

----

V0265   Exclusive check (if match, error) - R128

Diagnosis Table   403.0x   Malignant hypertensive renal disease

Relational Table   403.1x   Benign hypertensive renal disease

----

V0265   Exclusive check (if match, error) - R129

Diagnosis Table   404.0x   Malignant hypertensive heart and renal disease

Relational Table   404.1x   Benign hypertensive heart and renal disease

----

V0265   Exclusive check (if match, error) - R130

Diagnosis Table   405.0x   Malignant secondary hypertension

Relational Table   405.1x   Benign secondary hypertension

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0266   **HYPERTENSION, WITH OR WITHOUT CHF AND/OR RENAL FAILURE?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding hypertensive congestive heart and renal disease with and without renal/heart failure, is contradictory and distorts statistics.

V0266   Exclusive check (if match, error) - R131

| Diagnosis Table | 402.x0 | Hypertensive heart disease, without congestive heart failure |
| Relational Table | 402.x1 | Hypertensive heart disease, with congestive heart failure |

V0266   Exclusive check (if match, error) - R132

| Diagnosis Table | 403.x0 | Hypertensive renal disease, without renal failure |
| Relational Table | 403.x1 | Hypertensive renal disease, with renal failure |

V0266   Exclusive check (if match, error) - R133

Diagnosis Table	404.x0	Hypertensive heart/renal disease without congestive heart failure or renal failure
Relational Table	404.x1	Hypertensive heart/renal disease with congestive heart failure
	404.x2	Hypertensive heart/renal disease with renal failure
	404.x3	Hypertensive heart/renal disease with congestive heart failure and renal failure

---

V0266   **HYPERTENSION, WITH OR WITHOUT CHF AND/OR RENAL FAILURE?** - CONTINUED

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0267   **HYPERTENSIVE CHF AND RENAL FAILURE**
            COMBINATION CODE: 404.x3
            new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hypertensive congestive failure and renal failure or when the Alphabetic Index so directs.

Code 404.x3, hypertensive congestive heart failure and renal failure, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0267   Exclusive check (if match, error) - R134

Diagnosis Table	404.x1	Hypertensive heart/renal disease with congestive heart failure
Relational Table	404.x3	Hypertensive heart/renal disease with congestive heart failure and renal failure

----
V0267   Exclusive check (if match, error) - R135

Diagnosis Table	404.x2	Hypertensive heart/renal disease with renal failure
Relational Table	404.x3	Hypertensive heart/renal disease with congestive heart failure and renal failure

----
V0267   Exclusive check (if match, error) - R136

Diagnosis Table	404.x1	Hypertensive heart/renal disease with congestive heart failure
Relational Table	404.x2	Hypertensive heart/renal disease with renal failure

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0268   **LEFT AND RIGHT BUNDLE BRANCH BLOCK**
                   COMBINATION CODE: 426.51-426.54
                   new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as left and right bundle branch block or when the Alphabetic Index so directs.

                   Codes 426.51-426.54, left and right bundle branch block, are combination codes that clearly identify all the elements documented in the diagnostic statement.

V0268   Exclusive check (if match, error) - R137

Diagnosis Table	426.4	Right bundle branch block
Relational Table	426.2	Left bundle branch block
	426.3	Other left bundle branch block

V0268   Exclusive check (if match, error) - R138

Diagnosis Table	426.51	Right bundle branch block and left posterior fascicular block
	426.52	Right bundle branch block and left anterior fascicular block
Relational Table	426.4	Right bundle branch block

V0268   Exclusive check (if match, error) - X139

Diagnosis Table	426.51	Right bundle branch block and left posterior fascicular block
	426.52	Right bundle branch block and left anterior fascicular block
Relational Table	426.3	Other left bundle branch block

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0269   **LEFT AND RIGHT CONGESTIVE HEART FAILURE -**
                COMBINATION CODE: 428.0
                new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that
                clearly identifies all the elements documented in the diagnostic statement. Only the combination
                code is assigned when the code fully identifies the diagnostic conditions involved such as left and
                right congestive heart failure or when the Alphabetic Index so directs.

                Code 428.0, left and right congestive heart failure, is a combination code that clearly identifies all
                the elements documented in the diagnostic statement.

V0269   Exclusive check (if match, error) - R140

Diagnosis Table   428.0   Congestive heart failure (right)

Relational Table   428.1   Left heart failure

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding
                rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule,
                1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0270   **VERTEBROBASILAR SYNDROME .... and ... VERTEBRAL SYNDROME OR BASILAR SYNDROME?**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as basilar artery syndrome and vertebral artery syndrome or when the Alphabetic Index so directs.

Code 435.3, Vertebrobasilar artery syndrome, should be the only combination code that clearly identifies all the elements documented in the diagnostic statement.

V0270   Exclusive check (if match, error) - R141

Diagnosis Table	435.3	Vertebrobasilar artery syndrome
Relational Table	435.0	Basilar artery syndrome
	435.1	Vertebral artery syndrome

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0271   **ANEURYSM, WITH OR WITHOUT RUPTURE?**
                new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

                Coding an aneurysm with and without rupture is contradictory and distorts statistics.

V0271   Exclusive check (if match, error) - X105

Diagnosis Table   441.2   Thoracic aneurysm, without rupture

Relational Table   441.1   Thoracic aneurysm, with rupture

V0271   Exclusive check (if match, error) - X106

Diagnosis Table   441.4   Abdominal aneurysm, without rupture

Relational Table   441.3   Abdominal aneurysm, with rupture

V0271   Exclusive check (if match, error) - X107

Diagnosis Table   441.7   Thoracoabdominal aneurysm, without rupture

Relational Table   441.6   Thoracoabdominal aneurysm, with rupture

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0272　　**HEMORRHOIDS, WITH OR WITHOUT COMPLICATION?**
　　　　　　new 1/1/97

Guideline:　　A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding hemorrhoids with and without complication is contradictory and distorts statistics.

V0272　　Exclusive check (if match, error) - X108

Diagnosis Table　　　　455.0　　　　Internal hemorrhoids, without complication

Relational Table　　　　455.1　　　　Internal hemorrhoids, thrombosed
　　　　　　　　　　　455.2　　　　Internal hemorrhoids, with other complications

---

V0272　　Exclusive check (if match, error) - X109

Diagnosis Table　　　　455.3　　　　External hemorrhoids, without complication

Relational Table　　　　455.4　　　　External hemorrhoids, thrombosed
　　　　　　　　　　　455.5　　　　External hemorrhoids, with other complications

---

V0272　　Exclusive check (if match, error) - X112

Diagnosis Table　　　　455.6　　　　Unspecified hemorrhoids, without complication

Relational Table　　　　455.0　　　　Unspecified hemorrhoids, thrombosed
　　　　　　　　　　　455.3　　　　Unspecified hemorrhoids, with other complications

---

References:　　ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0273   **UNSPECIFIED versus SPECIFIED HEMORRHOIDS**
              new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same category.

              It is illogical for hemorrhoids to be both unspecified and specified from the same category on the same record.

V0273   Exclusive Check (if match, error) - X110

Diagnosis Table   455.8   Unspecified hemorrhoids, with other complications

Relational Table   455.1   Internal hemorrhoids, thrombosed
                         455.2   Internal hemorrhoids, with other complications
                         455.4   External hemorrhoids, thrombosed
                         455.5   External hemorrhoids, with other complications

----
V0273   Exclusive Check (if match, error) - X111

Diagnosis Table   455.7   Unspecified hemorrhoids, thrombosed

Relational Table   455.1   Internal hemorrhoids, thrombosed
                         455.4   External hemorrhoids, thrombosed

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last sentence); 1994, page 42; 1996, pages 42, 47.

              Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter 1997, page 8.

V0274   **VARICES, WITH OR WITHOUT BLEEDING?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

              Coding varices with and without bleeding is contradictory and distorts statistics.

V0274   Exclusive check (if match, error) - X113

Diagnosis Table   456.1   Esophageal varices without bleeding

Relational Table   456.0   Esophageal varices with bleeding
                             456.20   Esophageal varices with bleeding, in diseases classified elsewhere

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0275   **LARYNX AND/OR TRACHEA, WITH and WITHOUT OBSTRUCTION?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

Coding this condition with and without obstruction is contradictory and distorts statistics.

V0275   Exclusive check (if match, error) - X125

Diagnosis Table   464.00   Acute laryngitis without obstruction

Relational Table   464.01   Acute laryngitis with obstruction
----
V0275   Exclusive check (if match, error) - X115

Diagnosis Table   464.10   Acute tracheitis without obstruction

Relational Table   464.11   Acute tracheitis with obstruction
----
V0275   Exclusive check (if match, error) - X116

Diagnosis Table   464.20   Acute laryngotracheitis without obstruction

Relational Table   464.21   Acute laryngotracheitis with obstruction
----
V0275   Exclusive check (if match, error) - X117

Diagnosis Table   464.30   Acute epiglottitis without obstruction

Relational Table   464.31   Acute epiglottitis with obstruction
----
V0275   Exclusive check (if match, error) – X126

Diagnosis Table   464.50   Supraglottitis without obstruction

Relational Table   464.51   Supraglottitis with obstruction

.

V0275   **LARYNX AND/OR TRACHEA, WITH and WITHOUT OBSTRUCTION?** - CONTINUED
(See guideline on page 356)

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0276   **HYPERTROPHY OF TONSILS AND ADENOIDS
COMBINATION CODE: 474.12**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as hypertrophy of tonsils and adenoids or when the Alphabetic Index so directs.

Code 474.10, hypertrophy of tonsils and adenoids, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0276   Exclusive check (if match, error) - R142

Diagnosis Table   474.11   Hypertrophy of tonsils

Relational Table   474.12   Hypertrophy of adenoids

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0277   **LARYNGITIS ... or .... LARYNGOTRACHEITIS?**
               new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that
               clearly identifies all the elements documented in the diagnostic statement.

               Only the combination code is assigned when the code fully identifies the diagnostic conditions
               involved such as the inflammation of the larynx and trachea or when the Alphabetic Index so
               directs.

               Code 476.1, chronic laryngotracheitis, is a combination code that clearly identifies all the elements
               documented in the diagnostic statement.

V0277   Exclusive Check (if match, error) - R143

Diagnosis Table   476.1   Chronic laryngotracheitis

Relational Table   476.0   Chronic laryngitis

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 36-37 on
               "Combination Coding" rule and page 38 on "Multiple Coding" rule; 1991, page 41 on
               "Combination Coding" rule and page 42 on "Multiple Coding" rule; 1994 page 43 on "Combination
               Coding" rule and page 44 on "Multiple Coding" rule; 1996, page 43 on "Combination Coding" rule
               and page 44 on "Multiple Coding" rule.

               Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, pages 4-6; Mar/Apr 1985, page 3; Jan/Feb
               1986, pages 8-10.

V0278   **ILLOGICAL CODES FOR VOCAL CORD PARALYSIS**
              new 1/1/97

Guideline: During the current episode of care, it is illogical for bilateral complete vocal cord paralysis to be reported along with other vocal cord paralysis codes.

              Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0278   Exclusive check (if match, error) - X124

Diagnosis Table   478.34   Bilateral, complete, paralysis of vocal cord

Relational Table   478.31   Unilateral, partial, paralysis of vocal cord
                         478.32   Unilateral, complete, paralysis of vocal cord
                         478.33   Bilateral, partial, paralysis of vocal cord

----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0279   **OBSTRUCTIVE CHRONIC BRONCHITIS, WITH and WITHOUT ACUTE EXACERBATION?**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding obstructive chronic bronchitis with and without acute exacerbation is contradictory and distorts statistics.

V0279   Exclusive check (if match, error) - X118

Diagnosis Table   491.20   Obstructive chronic bronchitis, without acute exacerbation

Relational Table   491.21   Obstructive chronic bronchitis, with acute exacerbation

---

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0280   **WITH OR WITHOUT STATUS ASTHMATICUS?**
                   new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                   Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

                   Coding this condition with and without status asthmaticus is contradictory and distorts statistics.

V0280   Exclusive check (if match, error) - X119

Diagnosis Table   493.x0   Asthma, without status asthmaticus

Relational Table   493.x1   Asthma, with status asthmaticus

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                   Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                   ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0281   **EMPYEMA, WITH OR WITHOUT FISTULA?**
            new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

Coding empyema with and without fistula is contradictory and distorts statistics.

V0281   Exclusive check (if match, error) - X120

Diagnosis Table   510.9   Empyema without fistula

Relational Table   510.0   Empyema with fistula

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0282   **ANGIODYSPLASIA, WITH OR WITHOUT HEMORRHAGE?**
                 new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

                 Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

                 Coding angiodysplasia with and without hemorrhage is contradictory and distorts statistics.

V0282   Exclusive check (if match, error) - X121

Diagnosis Table   537.82   Angiodysplasia of stomach and duodenum, without hemorrhage

Relational Table   537.83   Angiodysplasia of stomach and duodenum, with hemorrhage
----
V0282   Exclusive check (if match, error) - X122

Diagnosis Table   569.84   Angiodysplasia of intestine, without hemorrhage

Relational Table   569.85   Angiodysplasia of intestine, with hemorrhage
----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

                 Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

                 ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0283   **CIRRHOSIS, WITH OR WITHOUT ALCOHOL?**
               new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

              Coding cirrhosis with and without alcohol is contradictory and distorts statistics.

V0283   Exclusive check (if match, error) - X123

Diagnosis Table   571.5   Cirrhosis of liver without mention of alcohol

Relational Table   571.2   Cirrhosis of liver with mention of alcohol

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0284   **ACUTE AND CHRONIC CHOLECYSTITIS**
             COMBINATION CODE: 575.12
             new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as acute and chronic cholecystitis or when the Alphabetic Index so directs.

Code 575.12, acute and chronic cholecystitis, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0284   Exclusive check (if match, error) - R144

Diagnosis Table   575.12   Acute and chronic cholecystitis

Relational Table   575.0   Acute cholecystitis
                          575.10   Cholecystitis
                          575.11   Chronic cholecystitis

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0285   **AMEBIC ABSCESS - COMBINATION CODE: 006.5**
new 1/1/97

Guideline: Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved such as amebic abscess of brain, liver, and lung, or when the Alphabetic Index so directs.

Code 006.5, amebic brain abscess include involvement with liver and/or lung, is a combination code that clearly identifies all the elements documented in the diagnostic statement.

V0285   Exclusive check (if match, error) - R043

Diagnosis Table   006.5   Amebic brain abscess (and liver) (and lung)

Relational Table   006.3   Amebic liver abscess
                         006.4   Amebic lung abscess

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Combination Coding rule, 1989, pages 36-37; 1991, page 41; 1994, page 43.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, on Multiple Coding rule, 1989, page 38; 1991, page 42; 1994, page 44; 1996, page 46.

V0286   **LIVER CANCER, PRIMARY OR SECONDARY?**
                   new 1/1/97

Guideline: A code for an unspecified condition is never assigned when a more specific code from the same
                  category.

                  It is illogical for liver cancer to be both unspecified and specified (such as primary or secondary) on
                  the same record.

V0286   Exclusive Check (if match, error) - N031

Diagnosis Table   155.2   Malignant neoplasm, liver, not specified as primary or secondary

Relational Table   155.0   Malignant neoplasm, liver, primary
                             197.7   Malignant neoplasm, liver secondary
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1991, page 40 (last
                  sentence); 1994, page 42; 1996, pages 42, 47.

                  Coding Clinic for ICD-9-CM, AHA, Jan-Feb 1986, page 6; Official Guidelines 1.3; 1st Quarter
                  1997, page 8.

V0287   **MADURA FOOT, WITH OR WITHOUT MYCOTIC INFECTION?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

              Coding this condition with and without mycotic infection is contradictory and distorts statistics.

V0287   Exclusive check (if match, error) - X103

Diagnosis Table   039.4   Madura foot

Relational Table   117.4   Madura foot due to mycotic infection

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

              Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0288   **MALNUTRITION, HIGHEST HIERARCHY ONLY**
              new 1/1/97

Guideline: Malnutrition with different degrees (mild, moderate, severe) are classified to the highest or most severe degree only. These codes are listed in order of increasing priority.

              During the current episode of care, it is illogical for malnutrition to be simultaneously mild, moderate, and severe.

V0288   Exclusive Check (if match, error) - R045

Diagnosis Table   261   Nutritional marasmus (severe)
                             262   Other severe protein-calorie malnutrition

Relational Table   263.0   Malnutrition, moderate
                             263.1   Malnutrition, mild

References: ICD-9-CM Codebook, Tabular Section, Inclusion Notes under code 440.23.

              ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12 and 36-37; 1991, pages 11-12 and 41; 1994 and 1996, pages 35-38.

V0289   **PHYSICAL ABUSE, ACTIVE OR HISTORY?**
                   new 1/1/97

Guideline: If the condition mentioned is still present or under treatment or if the patient is seen for a
               complication, the code for the condition is assigned, instead of a history code. A history code
               indicates that the patient no longer has the condition.

               During the current episode of care, it is illogical for the physical abuse to be both active and
               historical states. The correct interpretation in such cases is that one or the other should be used, but
               not both.

V0289   Exclusive Check (if match, error) - N032

Diagnosis Table   V15.41   History of physical abuse

Relational Table   995.54   Child physical abuse
                              995.81   Adult physical abuse

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, pages 35-38, 75;
               1996, pages 35-38, 76-77.

V0290   **EMOTIONAL ABUSE, ACTIVE OR HISTORY?**
                   new 1/1/97

Guideline: If the condition mentioned is still present or under treatment or if the patient is seen for a complication, the code for the condition is assigned, instead of a history code. A history code indicates that the patient no longer has the condition.

                   During the current episode of care, it is illogical for the physical abuse to both active and historical state. The correct interpretation in such cases is that one or the other should be used, but not both.

V0290   Exclusive Check (if match, error) - N033

Diagnosis Table   V15.42   History of emotional abuse

Relational Table   995.51   Child emotional abuse
                               995.82   Adult emotional abuse
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, pages 35-38, 75; 1996, pages 35-38, 76-77.

V0291   **ADULT ABUSE, COUNSELING OR TREATMENT?**
              new 1/1/97

Guideline: Counseling V codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems. They are not necessary for use in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment.

              During this current episode of care, it is illogical for both the treatment of the adult abuse injury (which includes counseling component) and the counseling of adult abuse to be reported together. The correct interpretation in such cases is that one or the other should be used, but not both.

V0291   Exclusive check (if match, error) - N034

Diagnosis Table   995.80-   Adult abuse
                             995.85

Relational Table   V61.11   Counseling for victim of spousal and partner abuse

----
References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1996, pages 41-42, 55.

V0292   **CHILD ABUSE, COUNSELING OR TREATMENT?**
           new 1/1/97

Guideline: Counseling V codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems. They are not necessary for use in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment.

During this current episode of care, it is illogical for both the treatment of the child abuse injury (which includes counseling component) and the counseling of child abuse to be reported together. The correct interpretation in such cases is that one or the other should be used, but not both.

V0292   Exclusive check (if match, error) - N035

Diagnosis Table   995.50-   Child abuse
                             995.59

Relational Table   V61.21   Counseling for victim of child abuse

----
References: Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1996, pages 38-40, 55.

V0293   **CHILD PSYCHOSES, RESIDUAL OR ACTIVE?**
            new 1/1/97

Guideline: During the current episode of care, it is illogical for psychosis to be both a current or active state, and a residual state. The correct interpretation in such cases is that one or the other should be used, but not both.

V0293   Exclusive check (if match, error) - R116

Diagnosis Table   299.01   Autism, residual

Relational Table   299.00   Autism, active state

V0293   Exclusive check (if match, error) - R145

Diagnosis Table   299.11   Disintegrative psychosis, residual

Relational Table   299.10   Disintegrative psychosis, active

V0293   Exclusive check (if match, error) - R146

Diagnosis Table   299.81   Early childhood psychoses, residual

Relational Table   299.80   Early childhood psychoses, active
----

References: ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994 and 1996, pages 35-38.

V0294   **LATE EFFECT or ACTIVE CONDITION?**
                    new 1/1/97

Guideline: A late effect is the residual condition that remains after the termination of the acute phase of an illness or injury. A late effect code is never assigned with a current injury or illness code with which it is associated. A current injury or illness must be resolved before the late effect code is assigned.

V0294   Exclusive check (if match, error) - X099

Diagnosis Table   011-012   Respiratory tuberculosis

Relational Table   137.0   Late effects of respiratory tuberculosis

----
V0294   Exclusive check (if match, error) - X100

Diagnosis Table   013   CNS tuberculosis

Relational Table   137.1   Late effects of CNS tuberculosis

V0294   Exclusive check (if match, error) - X101

Diagnosis Table   016   Tuberculosis of genitourinary system

Relational Table   137.2   Late effects of genitourinary tuberculosis

----
V0294   Exclusive check (if match, error) - X102

Diagnosis Table   015   Tuberculosis of bones and joints

Relational Table   137.3   Late effects of tuberculosis, bones and joints

----
V0294   Exclusive check (if match, error) - X104

Diagnosis Table   045   Acute poliomyelitis

Relational Table   138   Late effects of acute poliomyelitis

V0294   **LATE EFFECT or ACTIVE CONDITION?** - CONTINUED
(see guideline on page 374)

V0294   Exclusive check (if match, error) - X097

Diagnosis Table   062-064   Viral encephalitis

Relational Table   139.0   Late effects of viral encephalitis

----

V0294   Exclusive check (if match, error) - X098

Diagnosis Table   076   Trachoma

Relational Table   139.1   Late effects of trachoma

V0294   Exclusive check (if match, error) - R094

Diagnosis Table   268.1   Rickets, late effects

Relational Table   268.0   Rickets, active

References: ICD-9-CM Codebook, Instruction Notes under each late effect code.

ICD-9-CM Coding Handbook with Answers, Revised Edition, 1989, Faye Brown, RRA, pages 43-50; 1994 and 1996, pages 50-53.

ICD-9-CM Coding and Reporting Official Guidelines, AHA, AMRA, HCFA, & NCHS, Guideline 1.7.

Coding Clinic, May/Jun 1984, pages 6-7; Mar/Apr 1985, page 14; Mar/Apr 1986, pages 5-6; 2nd Quarter 1990, pages 6-7.

JAMRA, September 1985, pages 14-16.

V0295   **AMNESIA, WITH OR WITHOUT ALCOHOL?**
              new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

              Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." <u>Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.</u>

              Coding amnesia with and without alcohol is contradictory and distorts statistics.

V0295   Exclusive check (if match, error) - R098

Diagnosis Table   294.0   Amnestic syndrome (nonalcoholic)

Relational Table   291.1   Alcoholic amnestic syndrome

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

               Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

               ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0296   **ALCOHOL WITHDRAWAL, WITH OR WITHOUT SPECIFIED CONDITION**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code. A combination code clearly identifies all the elements documented in the diagnostic statement.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so direct.

Coding alcohol withdrawal with and without specified condition is contradictory and distorts statistics.

V0296   Exclusive check (if match, error) - R047

Diagnosis Table   291.81   Alcohol withdrawal

Relational Table   291.0   Alcohol withdrawal delirium
                           291.3   Alcohol withdrawal hallucinosis

----

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, pages 11-12, 36-37; 1991, pages 11-12, 41; 1994 pages 11-12, 43.

V0297   **USE COMBINATION CODE FOR HYPOCHONDRIASIS**
new 1/1/97

Guideline: A single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or complication is called a combination code.

Combination codes can be located in the index lists referring to the subterm entries, with particular reference to such entries as "with," "due to," "in," and "associated with." Others are identified by reading inclusion and exclusion notes in the tabular lists. Only the combination code is assigned when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement.

HINT: Read the "Excludes" note under code 300.7.

V0297   Exclusive check (if match, error) - R050

Diagnosis Table	300.7	Hypochondriasis
Relational Table	295.xx	"hypochondriasis" in schizophrenia
	296.2	"hypochondriasis" in manic-depressive psychosis
	296.3	"hypochondriasis" in manic-depressive psychosis
	300.1x	"hypochondriasis" in hysteria
	300.5	"hypochondriasis" in neurasthenia

References: ICD-9-CM Codebook, Tabular Section, Title Names and Excludes Notes under categories and codes.

Coding Clinic for ICD-9-CM, AHA, May/June 1984, page 4; Mar/Apr 1985, page 3; Jan/Feb 1986, page 8.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989 pages 11-12, 36-37; 1991 pages 11-12, 41; 1994 pages 11-12, 43.

V0298   **518.84 COMBINATION CODE FOR ACUTE AND CHRONIC RESPIRATORY FAILURE NEEDED**
n*ew as of 10-1-98*

Guideline: Code 518.84, Acute and chronic respiratory failure, is a combination code that clearly identifies all the elements documented in the diagnostic statement. This is effective for discharges on or after October 1, 1998.

Multiple codes should not be assigned when the classification provides a combination code that clearly identifies all the elements documented in the diagnostic statement. Therefore, the combination code 518.84 is more appropriate because it fully identifies both acute respiratory failure and chronic respiratory failure.

V0298   Exclusive check (if match, error) – R178

Diagnosis Table   518.83   Chronic respiratory failure

Relational Table   518.81   Acute respiratory failure

HINT: The combination code is 518.84 (Acute and chronic respiratory failure).

References: ICD-9-CM Codebook, Tabular Section, Excludes notes under code 518.8

V0299 **URINARY TRACT INFECTION – SITE SPECIFIED VERSUS UNSPECIFIED –
NEW 6/1/99**

Guidelines   Urinary Tract Infections (UTI) are assigned codes based on the "site" of the infection. UTI refers to lower urinary tract infection, such as urethritis and cystitis, or upper urinary tract infection, such as pyelonephritis.

Code 599.0, Urinary Tract Infection Site Not Specified, should not be used in combination with codes that specifically identify the site(s) of the UTI. For example, if the term "acute cystitis" and "urinary tract infection" are both documented separately on the final diagnosis sheet, only the code for the acute cystitis should be assigned. If the infection has spread to other sites, these may be coded, as well. It should be noted that urinary tract infections that are due to sexually transmitted disease, such as candidiasis or chlamydia would be coded elsewhere.

V0299   Exclusive check (if match, error) – Y434

Diagnosis Table   590   Infection of kidney
                         595   Cystitis
                         597.8   Urethritis

Relational Table   599.0   Urinary tract infection, site not specified
----

References: Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1999, pages 15-16.

V0300   MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE

Guideline: This dual classification is used to describe the assignment of two codes for certain diagnostic statements that contain information about both a manifestation and the underlying disease (etiology) with which it is associated. Mandatory multiple coding of this type is identified in the Tabular List by the use of italic type and by the printed instruction "Code also underlying disease." It is identified in the Alphabetic Index by the use of the second code in slanted brackets and italic type. The first code identifies the underlying condition (etiology) and the second italicized code identifies the manifestation listed. <u>Both codes must be assigned.</u>

V0300   Inclusive check (if no match, error) - D001

Diagnosis Table   *320.7*   *Meningitis in other bacterial diseases classified elsewhere*

Relational Table   002.0   Typhoid fever
                           027.0   Listeriosis
                           033.0   Bordetella pertussis
                           033.1   Bordetella parapertussis
                           033.8   Whooping cough due to other specified organism
                           033.9   Whooping cough, unspecified organism
                           039.8   Actinomycotic infections of other specified sites
                           088.81   Lyme Disease (per Index)

V0300   Inclusive check (if no match, error) - D002

Diagnosis Table   *321.0*   *Cryptococcal meningitis*

Relational Table   117.5   Cryptococcosis

V0300   Inclusive check (if no match, error) - D003

Diagnosis Table   *321.1*   *Meningitis in other fungal diseases*

Relational Table   110-118   Mycoses

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D004

Diagnosis Table   *321.2*   *Meningitis due to viruses not elsewhere classified*

Relational Table   045.x   Acute poliomyelitis (per Index)
                         060.0   Sylvatic yellow fever
                         060.1   Urban yellow fever
                         060.9   Yellow fever, unspecified
                         062.0   Japanese encephalitis
                         062.1   Western equine encephalitis
                         062.2   Eastern equine encephalitis
                         062.3   St. Louis encephalitis
                         062.4   Australian encephalitis
                         062.5   California virus encephalitis
                         062.8   Other specified mosquito-borne viral encephalitis
                         062.9   Mosquito-borne viral encephalitis, unspecified
                         063.0   Russian spring-summer encephalitis
                         063.1   Louping ill tick-borne viral encephalitis
                         063.2   Central European encephalitis
                         063.8   Other specified tick-borne viral encephalitis
                         063.9   Tick-borne viral encephalitis, unspecified
                         064   Viral encephalitis transmitted by other and unspecified arthropods
                         065.0   Crimean hemorrhagic fever
                         065.1   OMSK hemorrhagic fever
                         065.2   Kyasanur forest disease
                         065.3   Other tick-borne hemorrhagic fever
                         065.4   Mosquito-borne hemorrhagic fever
                         065.8   Other specified arthropod-borne hemorrhagic fever
                         065.9   Arthropod-borne hemorrhagic fever, unspecified
                         066.0   Phlebotomus fever
                         066.1   Tick borne fever
                         066.2   Venezuelan equine fever
                         066.3   Other mosquito-borne fever
                         066.4   West Nile fever
                         066.8   Other specified arthropod-borne viral diseases
                         066.9   Arthropod-borne viral disease, unspecified

----

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D005

Diagnosis Table	321.3	*Meningitis due to trypanosomiasis*

Relational Table	086.0	Chagas' disease with heart involvement
	086.1	Chagas' disease with other organ involvement
	086.2	Chagas' disease without mention of organ involvement
	086.3	Gambian trypanosomiasis
	086.4	Rhodesian trypanosomiasis
	086.5	African trypanosomiasis, unspecified
	086.9	Trypanosomiasis, unspecified

V0300   Inclusive check (if no match, error) - D006

Diagnosis Table	321.4	*Meningitis in sarcoidosis*

Relational Table	135	Sarcoidosis

V0300   Inclusive check (if no match, error) - D007

Diagnosis Table	323.0	*Encephalitis in viral diseases classified elsewhere*

Relational Table	073.7	Ornithosis with other specified complications
	075	Infectious mononucleosis
	078.3	Cat-scratch disease

V0300   Inclusive check (if no match, error) - D008

Diagnosis Table	323.1	*Encephalitis in rickettsial diseases classified elsewhere*

Relational Table	080	Louse-borne typhus
	081.0	Murine typhus
	081.1	Brill's disease

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D008 - Continued

----

Diagnosis Table	*323.1*	*Encephalitis in rickettsial diseases classified elsewhere* (continued)

Relational Table	081.2	Scrub typhus
	081.9	Typhus, unspecified
	082.0	Spotted fever
	082.1	Boutonneuse fever
	082.2	North Asian tick fever
	082.3	Queensland tick typhus
	082.4x	Ehrlichiosis
	082.8	Other specified tick-borne rickettsioses
	082.9	Tick-borne rickettsiosis, unspecified
	083.0	Q fever
	083.1	Trench fever
	083.2	Rickettsialpox
	083.8	Other specified rickettsioses
	083.9	Rickettsiosis, unspecified

V0300   Inclusive check (if no match, error) - D009

Diagnosis Table	*323.2*	*Encephalitis in protozoal diseases classified elsewhere*

Relational Table	084.x	Malaria
	086.x	Trypanosomiasis

V0300   Inclusive check (if no match, error) - D010

Diagnosis Table	*323.7*	*Toxic encephalitis*

Relational Table	961.3	Poisoning by Hydroxyquinoline derivatives
	982.1	Toxic effect of Carbon tetrachloride
	984.x	Toxic effect of Lead compounds
	985.0	Toxic effect of Mercury
	985.8	Toxic effect of other specified metals - Thallium
	987.x	Toxic effect of other gases, fumes, or vapors
	989.9	Toxic effect of unspecified substance (per Index)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D011

Diagnosis Table   *330.2*   *Cerebral degeneration in generalized lipidoses*

Relational Table   272.7   Lipidoses (Fabry's disease, Gaucher's disease, Niemann-Pick
                                              disease, Sphingolipidosis)

V0300   Inclusive check (if no match, error) - D012

Diagnosis Table   *330.3*   *Cerebral degeneration of childhood in other diseases classified*
                                              elsewhere

Relational Table   277.5   Mucopolysaccharidosis or Hunter's disease

----

V0300   Inclusive check (if no match, error) - D013

Diagnosis Table   *331.7*   *Cerebral degeneration in diseases classified elsewhere*

Relational Table   140-239   Neoplasms
                             244.x   Hypothyroidism/Myxedema
                             265.0   Beriberi
                             266.2   Other B-complex deficiencies
                             303.0x   Acute alcoholic intoxication
                             303.9x   Other and unspecified alcohol dependence
                             430-438   Cerebrovascular disease
                             741.0x   Spina bifida with hydrocephalus
                             742.3   Congenital hydrocephalus

----

V0300   Inclusive check (if no match, error) - D014

Diagnosis Table   *334.4*   *Cerebellar ataxia in diseases classified elsewhere*

Relational Table   140-239   Neoplasms
                             244.x   Hypothyroidism/Myxedema
                             303.0x   Acute alcoholic intoxication
                             303.9x   Other and unspecified alcohol dependence

----

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D015

Diagnosis Table	*336.2*	*Subacute combined degeneration of spinal cord in diseases*
Relational Table	266.2	Other B-complex deficiencies
	281.0	Pernicious anemia
	281.1	Other vitamin B12 deficiency anemia

V0300   Inclusive check (if no match, error) - D016

Diagnosis Table	*336.3*	*Myelopathy in other diseases classified elsewhere*
Relational Table	042	HIV disease (per Index)
	140-239	Neoplasms
	250.6x	Diabetes with neurological manifestations (per Index)
	281.0	Pernicious Anemia (per Index)
	324.1	Intraspinal Abscess (per Index)

V0300   Inclusive check (if no match, error) - D017

Diagnosis Table	*337.1*	*Peripheral autonomic neuropathy in disorders classified elsewhere*
Relational Table	242.9x	Thyrotoxicosis without mention of goiter or other cause (per Index)
	250.6x	Diabetes with neurological manifestations
	274.89	Other Gout (per Index)
	277.3	Amyloidosis

V0300   Inclusive check (if no match, error) - D018

Diagnosis Table	*357.1*	*Polyneuropathy in collagen vascular disease*
Relational Table	446.0	Polyarteritis nodosa and allied conditions
	710.x	Diffuse diseases of connective tissue
	714.0	Rheumatoid arthritis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D019

| Diagnosis Table | *357.2* | *Polyneuropathy in diabetes* |

| Relational Table | 250.6x | Diabetes with neurological manifestations |

V0300   Inclusive check (if no match, error) - D020

| Diagnosis Table | *357.3* | *Polyneuropathy in malignant disease* |

| Relational Table | 140-208 | Neoplasms |

V0300   Inclusive check (if no match, error) - D021

| Diagnosis Table | *357.4* | *Polyneuropathy in other diseases classified elsewhere* |

Relational Table	032.x	Diphtheria
	042	Human Immunodeficiency virus [HIV] disease
	135	Sarcoidosis
	251.2	Hypoglycemia, unspecified
	265.0	Beriberi
	265.2	Pellagra
	266.x	Deficiency of B vitamins
	269.1	Deficiency of other vitamins (per Index)
	269.2	Unspecified vitamin deficiency (per Index)
	269.8	Other nutritional deficiency (per Index)
	269.9	Unspecified nutritional deficiency (per Index)
	274.89	Other gout with other manifestations (per Tabular)
	277.1	Disorders of porphyrin metabolism
	277.3	Amyloidosis
	281.0	Pernicious anemia (per Index)
	281.1	Other Vitamin B deficiency anemia (per Index)
	403.x1	Hypertensive renal disease with renal failure
	404.x2	Hypertensive heart and renal disease with renal failure
	404.x3	Hypertensive heart and renal disease with congestive heart and renal failure
	585	Chronic renal failure

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D022

| Diagnosis Table | *358.1* | *Myasthenic syndromes in diseases classified elsewhere* |

Relational Table	005.1	Botulism
	140-208	Neoplasms
	242.x	Thyrotoxicosis
	244.x	Hypothyroidism/Myxedema
	250.6x	Diabetes with neurological manifestations
	281.0	Other vitamin B12 deficiency anemia

V0300   Inclusive check (if no match, error) - D023

| Diagnosis Table | *359.5* | *Myopathy in endocrine disease classified elsewhere* |

Relational Table	242.x	Thyrotoxicosis
	243.	Cretinism (per Index)
	244.x	Hypothyroidism/Myxedema
	250.6x	Diabetes with neurological manifestations
	252.x	Disorders of parathyroid gland (per Index)
	253.2	Panhypopituitarism
	255.0	Cushing's syndrome
	255.3	Other corticoadrenal overactivity (per Index)
	255.4	Corticoadrenal insufficiency
	259.8	Other specified endocrine disorders (per Index)
	259.9	Unspecified endocrine disorder (per Index)

V0300   Inclusive check (if no match, error) - D024

| Diagnosis Table | *359.6* | *Symptomatic inflammatory myopathy in diseases classified elsewhere* |

Relational Table	135	Sarcoidosis
	140-208	Neoplasms
	277.3	Amyloidosis
	446.0	Polyarteritis nodosa
	446.5	Giant cell arteritis (per Index)
	710.x	Diffuse diseases of connective tissue (per Index)
	714.0	Rheumatoid arthritis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D025

| Diagnosis Table | *362.01* | *Background diabetic retinopathy* |
| | *362.02* | *Proliferative diabetic retinopathy* |

| Relational Table | 250.5x | Diabetes with ophthalmic manifestations |

V0300   Inclusive check (if no match, error) - D026

| Diagnosis Table | *362.71* | *Retinal dystrophy in other systemic disorders and syndromes* |

| Relational Table | 272.7 | Lipidoses |
| | 330.1 | Cerebral lipidoses |

V0300   Inclusive check (if no match, error) - D027

| Diagnosis Table | *362.72* | *Retinal dystrophy in other systemic disorders and syndrome* |

| Relational Table | 272.5 | Lipoprotein deficiencies (Bassen-Kornzweig syndrome) |
| | 356.3 | Refsum's disease |

V0300   Inclusive check (if no match, error) - D028

| Diagnosis Table | *364.11* | *Chronic iridocyclitis in diseases classified elsewhere* |

Relational Table	017.3x	Tuberculosis of eye
	030.0	Leprosy (per Index)
	090.0	Congenital syphilis (per Index)
	095.8	Papulosa *(not programmed for this edit)*
	135	Sarcoidosis
	274.89	Other Gout with specified manifestations (per Tabular)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D029

Diagnosis Table	*365.41*	*Glaucoma associated with chamber angle anomalies*
Relational Table	743.44	Specified anomalies of anterior chamber, chamber angle, and related structures (Axenfeld's anomaly or Rieger's anomaly or syndrome)

V0300   Inclusive check (if no match, error) - D030

Diagnosis Table	*365.42*	*Glaucoma associated with anomalies of iris*
Relational Table	365.51	Phacolytic glaucoma
	743.45	Aniridia
	743.46	Iris anomalies

V0300   Inclusive check (if no match, error) - D031

Diagnosis Table	*365.43*	*Glaucoma associated with other anterior segment anomalies*
Relational Table	743.41	Anomalies of corneal size and shape (microcornea)

V0300   Inclusive check (if no match, error) - D032

Diagnosis Table	*365.44*	*Glaucoma associated with systemic syndromes*
Relational Table	237.7x	Neurofibromatosis
	759.6	Other hamartoses, not elsewhere classified (Sturge-Weber(-Dimitri) syndrome)
	759.89	Other specified congenital anomalies

V0300   Inclusive check (if no match, error) - D033

Diagnosis Table	*366.41*	*Diabetic cataract*
Relational Table	250.5x	Diabetes with ophthalmic manifestations

---

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D034

Diagnosis Table   *366.42*   *Tetanic cataract*

Relational Table   252.1   Hypoparathyroidism
                          275.4x   Disorders of calcium metabolism (calcinosis)

V0300   Inclusive check (if no match, error) - D035

Diagnosis Table   *366.43*   *Myotonic cataract*

Relational Table   359.2   Myotonic disorders

V0300   Inclusive check (if no match, error) - D036

Diagnosis Table   *366.44*   *Cataract associated with other syndromes*

Relational Table   244.9   Myxedema (per Index) *(not programmed for this edit)*
                          271.1   Galactosemia
                          756.0   Anomalies of skull and face bones (craniofacial dysotosis)

V0300   Inclusive check (if no match, error) - D037

Diagnosis Table   *370.44*   *Keratitis or keratoconjunctivitis in exanthema*

Relational Table   050.x   Smallpox
                          051.x   Cowpox and Paravaccinia
                          052.x   Chickenpox/Varicella
                          057.9   Viral exanthem, unspecified (per Index)

V0300   Inclusive check (if no match, error) - D038

Diagnosis Table   *371.05*   *Phthisical cornea*

Relational Table   017.3x   Tuberculosis of eye

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE -** CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D039

Diagnosis Table	*372.15*	*Parasitic conjunctivitis*
Relational Table	085.5	Mucocutaneous leishmaniasis
	125.x	Filariasis

V0300   Inclusive check (if no match, error) - D040

Diagnosis Table	*372.31*	*Rosacea conjunctivitis*
Relational Table	695.3	Rosacea dermatitis

V0300   Inclusive check (if no match, error) - D041

Diagnosis Table	*372.33*	*Conjunctivitis in mucocutaneous disease*
Relational Table	099.3	Reiter's disease
	695.1	Erythema multiforme

V0300   Inclusive check (if no match, error) - D042

Diagnosis Table	*373.4*	*Infective dermatitis of eyelid of types resulting in deformity*
Relational Table	017.0x	Tuberculosis of skin and subcutaneous cellular tissue
	030.x	Leprosy
	102.x	Yaws

V0300   Inclusive check (if no match, error) - D043

Diagnosis Table	*373.5*	*Other infective dermatitis of eyelid*
Relational Table	039.3	Cervicofacial actinomycosis
	051.0	Cowpox (vaccinia)
	110-111	Dermatophytosis/Mycotic dermatitis
	684	Impetigo
	999.0	Generalized vaccinia (from vaccination)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D044

Diagnosis Table   *373.6*   *Parasitic infestation of eyelid*

Relational Table   085.x   Leishmaniasis
                               125.2   Loiasis
                               125.3   Onchocerciasis
                               132.0   Pediculus capitis (head louse)
                               134.8   Other specified infestation (per Index)
                               134.9   Infestation, unspecified (per Index)

V0300   Inclusive check (if no match, error) - D045

Diagnosis Table   *374.51*   *Xanthelasma*

Relational Table   272.0   Pure hypercholesterolemia
                               272.1   Pure hyperglyceridemia
                               272.2   Mixed hyperlipidemia
                               272.3   Hyperchylomicronemia
                               272.4   Other and unspecified hyperlipidemia
                               272.5   Lipoprotein deficiencies
                               272.6   Lipodystrophy
                               272.7   Lipidoses
                               272.8   Other disorders of lipoid metabolism
                               272.9   Unspecified disorder of lipoid metabolism

----

V0300   Inclusive check (if no match, error) - D046

Diagnosis Table   *376.13*   *Parasitic infestation of orbit*

Relational Table   122.3   Echinococcus granulosus infection, other
                               122.6   Echinococcus multilocularis infection, other
                               122.9   Echinococcosis, other and unspecified
                               134.0   Myiasis of orbit

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D047

Diagnosis Table	*376.21*	*Thyrotoxic exophthalmos*
	376.22	*Exophthalmic ophthalmoplegia*
Relational Table	242.xx	Thyrotoxicosis
	244.x	Hypothyroidism/Myxedema
	259.9	Unspecified endocrine disorder (per Index)

V0300   Inclusive check (if no match, error) - D048

Diagnosis Table	*380.13*	*Other acute infections of external ear*
Relational Table	035	Erysipelas
	680.0	Furuncular otitis (per Index)
	684	Impetigo
	690	Erythematosquamous dermatosis (seborrheic dermatitis)

V0300   Inclusive check (if no match, error) - D049

Diagnosis Table	*380.15*	*Chronic mycotic otitis externa*
Relational Table	111.8	Otomycosis, tropical (per Index)
	111.9	Dermatomycosis, unspecified (otomycosis)
	117.3	Aspergillosis

V0300   Inclusive check (if no match, error) - D050

Diagnosis Table	*382.02*	*Acute suppurative otitis media in diseases classified elsewhere*
Relational Table	034.1	Scarlet fever
	487.8	Influenza with other manifestations

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE -** CONTINUED
              (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D051

Diagnosis Table	*420.0*	*Acute pericarditis in diseases classified elsewhere*

Relational Table	006.8	Amebic infection of other sites
	017.9x	Tuberculosis of other specified organs
	039.8	Actinomycotic infections of other specified sites
	116.0	Blastomycosis
	403.x1	Hypertensive renal failure
	404.x2	Hypertensive heart and renal disease with renal failure
	404.x3	Hypertensive heart and renal disease with renal and heart failure
	585	Chronic renal failure (uremia)

V0300   Inclusive check (if no match, error) - D052

Diagnosis Table	*421.1*	*Acute and subacute infective endocarditis in diseases classified elsewhere*

Relational Table	002.0	Typhoid fever
	083.0	Q fever
	116.0	Blastomycosis

V0300   Inclusive check (if no match, error) - D053

Diagnosis Table	*422.0*	*Acute myocarditis in diseases classified elsewhere*

Relational Table	002.0	Typhoid fever
	017.9x	Tuberculosis of other specified organs
	034.1	Scarlet fever (per Index)
	080	Louse-borne typhus, epidemic (per Index)
	081.x	Other typhus (per Index)
	088.81	Lyme Disease
	487.8	Influenza with other manifestations

V0300   Inclusive check (if no match, error) - D054

Diagnosis Table	*424.91*	*Endocarditis in diseases classified elsewhere*

Relational Table	017.9x	Tuberculosis of other specified organs
	710.0	Systemic lupus erythematosus (atypical verrucous endocarditis [Libman-Sacks] or disseminated lupus erythematosus

----

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** -CONTINUED
(see guideline on page 381)

V0300   Inclusive check (if no match, error) - D055

Diagnosis Table   *425.7*   *Nutritional and metabolic cardiomyopathy*

Relational Table   242.xx   Thyrotoxicosis
                             243-245   Hypothyroiditis and thyroiditis (per Index)
                             250.8x   Diabetes mellitus with other specified manifestations
                             260-269   Nutritional deficiencies (per Index)
                             271.0   Cardiac glycogenosis
                             277.3   Amyloidosis
                             277.5   Mucopolysaccharidosis
                             277.9   Unspecified disorder of metabolism (per Index)

V0300   Inclusive check (if no match, error) - D056

Diagnosis Table   *425.8*   *Cardiomyopathy in other diseases classified elsewhere*

Relational Table   017.9x   Tuberculosis of other specified organs (per Index)
                             042.x   AIDS (per Index)
                             043.x   ARC (per Index)
                             044.x   HIV Infections (per Index)
                             135   Sarcoidosis
                             334.0   Friedreich's ataxia
                             359.1   Hereditary progressive muscular dystrophy
                             359.2   Myotonic disorders (myotonia atrophica)
                             402.x1   Hypertensive congestive heart failure
                             404.xx   Hypertensive heart and renal disease

----
V0300   Inclusive check (if no match, error) - D057

Diagnosis Table   *443.81*   *Peripheral angiopathy in diseases classified elsewhere*

Relational Table   250.7x   Diabetes with peripheral circulatory disorders
----

V0300 **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
(see guideline on page 381)

V0300 Inclusive check (if no match, error) - D058

Diagnosis Table	*456.20*	*Esophageal varices in diseases classified elsewhere - with bleeding*
	456.21	*Esophageal varices in diseases classified elsewhere - without mention of bleeding*
Relational Table	070.x	Viral hepatitis
	571.x	Cirrhosis of liver
	572.3	Portal hypertension

V0300 Inclusive check (if no match, error) - D059

Diagnosis Table	*484.1*	*Pneumonia in cytomegalic inclusion disease*
Relational Table	078.5	Cytomegalic inclusion disease

V0300 Inclusive check (if no match, error) - D060

Diagnosis Table	*484.3*	*Pneumonia in whooping cough*
Relational Table	033.0	Bordetella pertussis
	033.1	Bordetella parapertussis
	033.8	Whooping cough due to other specified organism
	033.9	Whooping cough, unspecified organism

V0300 Inclusive check (if no match, error) - D061

Diagnosis Table	*484.5*	*Pneumonia in anthrax*
Relational Table	022.1	Pulmonary anthrax

V0300 Inclusive check (if no match, error) - D062

Diagnosis Table	*484.6*	*Pneumonia in aspergillosis*
Relational Table	117.3	Aspergillosis

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** - CONTINUED
              (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D063

Diagnosis Table   *484.8*   *Pneumonia in other infectious diseases classified elsewhere*

Relational Table   002.0   Typhoid fever
                                   078.88   Other specified diseases due to viruses (per Index)
                                   078.89   Other specified diseases due to Chlamydiae *(before 10/1/96)*
                                   038.8   Metastatic pneumonia NEC (per Index)
                                   083.0   Q fever
                                   083.8   Other specified rickettsioses (per Index)
                                   083.9   Rickettsiosis, unspecified (per Index)
                                   104.8   Other specified spirochetal infections (per Index)
                                   127.0   Ascariasis (per Index)
                                   136.9   Unspecified infectious & parasitic diseases (Index)
                                   771.2   Other congenital infections (per Index)

V0300   Inclusive check (if no match, error) - D064

Diagnosis Table   *516.1*   *Idiopathic pulmonary hemosiderosis*

Relational Table   275.0   Disorders of iron metabolism

V0300   Inclusive check (if no match, error) - D065

Diagnosis Table   *517.1*   *Rheumatic pneumonia*

Relational Table   390   Rheumatic fever with no heart involvement
----
V0300   Inclusive check (if no match, error) - D066

Diagnosis Table   *517.2*   *Lung involvement in systemic sclerosis*

Relational Table   710.1   Systemic sclerosis

V0300   Inclusive check (if no match, error) - D067

Diagnosis Table   *517.8*   *Lung involvement in other diseases classified elsewhere*

Relational Table   135   Sarcoidosis
                                   277.0x   Cystic fibrosis (per children's hospitals)
                                   277.3   Amyloidosis
                                   710.x   Diseases of connective tissue (per Tabular)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
               CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D068

Diagnosis Table	*573.1*	*Hepatitis in viral diseases classified elsewhere*
Relational Table	074.8	Other specified diseases due to Coxsackie virus
	075	Infectious mononucleosis
	078.5	Cytomegalic inclusion disease
	771.1	Congenital cytomegalovirus infection (per Index)

V0300   Inclusive check (if no match, error) - D069

Diagnosis Table	*573.2*	*Hepatitis in other infectious diseases classified elsewhere*
Relational Table	084.9	Other pernicious complications of malaria
	090.0	Early congenital syphilis, symptomatic (per Index)
	095.0	Late congenital syphilis, symptomatic (per Index)

V0300   Inclusive check (if no match, error) - D070

Diagnosis Table	*580.81*	*Acute glomerulonephritis in diseases classified elsewhere*
Relational Table	002.0	Typhoid fever
	032.89	Other specified diphtheria (per Index)
	070.x	Infectious hepatitis
	072.79	Mumps with other specified complications
	421.0	Acute and subacute bacterial endocarditis
	710.0	Systemic lupus erythematosus (per Index)

V0300   Inclusive check (if no match, error) - D071

Diagnosis Table	*581.81*	*Nephrotic syndrome in diseases classified elsewhere*
Relational Table	084.9	Other pernicious complications of malaria
	250.4x	Diabetes with renal manifestations
	277.3	Amyloidosis
	446.0	Polyarteritis nodosa
	710.0	Systemic lupus erythematosus

V0300 **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –CONTINUED
(see guideline on page 381)

V0300 Inclusive check (if no match, error) - D072

Diagnosis Table	*582.81*	*Chronic glomerulonephritis in diseases classified elsewhere*
Relational Table	277.3	Amyloidosis
	710.0	Systemic lupus erythematosus

V0300 Inclusive check (if no match, error) - D073

Diagnosis Table	*583.81*	*Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere*
Relational Table	016.0x	Tuberculosis of kidney
	090.5	Congenital syphilis (per Index)
	091.69	Secondary syphilis of other viscera (per Index)
	098.19	Other acute gonococcal infections, of upper genitourinary tract
	098.39	Other chronic gonococcal infections, of upper genitourinary tract (per Index)
	250.4x	Diabetes with renal manifestations
	277.3	Amyloidosis
	282.6	Sickle-cell anemia (after 7/11/98)
	446.21	Goodpasture's syndrome
	710.0	Systemic lupus erythematosus

V0300 Inclusive check (if no match, error) - D074

Diagnosis Table	*590.81*	*Pyelitis or pyelonephritis in diseases classified elsewhere*
Relational Table	016.0x	Tuberculosis of kidney

V0300 Inclusive check (if no match, error) - D075

Diagnosis Table	*595.4*	*Cystitis in diseases classified elsewhere*
Relational Table	006.8	Amebic infection of other sites
	039.8	Actinomycotic infection of other specified sites
	120.x	Schistosomiasis [Bilharziasis]
	122.3	Echinococcus granulosus infection, other
	122.6	Echinococcus multilocularis infection, other

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D076

Diagnosis Table	*598.01*	*Urethral stricture due to infective diseases classified elsewhere*

Relational Table	095.8	Other specified forms of late symptomatic syphilis
	098.2	Chronic gonococcal infection of lower genitourinary tract
	120.x	Schistosomiasis [Bilharziasis]

V0300   Inclusive check (if no match, error) - D077

Diagnosis Table	*601.4*	*Prostatitis in diseases classified elsewhere*

Relational Table	016.5x	Tuberculosis of other male genital organs
	039.8	Actinomycotic infection of other specified sites
	095.8	Other specified forms of late symptomatic syphilis
	116.0	Blastomycosis

V0300   Inclusive check (if no match, error) - D078

Diagnosis Table	*604.91*	*Orchitis and epididymitis in diseases classified elsewhere*

Relational Table	032.89	Other specified diphtheria
	095.8	Other specified forms of late symptomatic syphilis
	125.x	Filariasis

V0300   Inclusive check (if no match, error) - D079

Diagnosis Table	*608.81*	*Disorders of male genital organs in diseases classified elsewhere*

Relational Table	016.5x	Tuberculosis of other male genital organs
	125.x	Filariasis

V0300   Inclusive check (if no match, error) - D080

Diagnosis Table	*616.11*	*Vaginitis and vulvovaginitis in diseases classified elsewhere*

Relational Table	099.53	Venereal diseases of lower genitourinary sites due to chlamydia trachomatis (per Index)
	127.4	Enterobiasis (pinworm vaginitis)

V0300 **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D081

Diagnosis Table	*616.51*	*Ulceration of vulva in diseases elsewhere*
Relational Table	016.7x	Tuberculosis of other female genital organs
	136.1	Behcet's syndrome

V0300   Inclusive check (if no match, error) - D082

Diagnosis Table	*628.1*	*Infertility, female, of pituitary-hypothalamic origin*
Relational Table	253.0	Acromegaly and gigantism
	253.1	Other and unspecified anterior pituitary hyperfunction
	253.2	Panhypopituitarism
	253.3	Pituitary dwarfism
	253.4	Other anterior pituitary disorders
	253.8	Other disorders of the pituitary and other syndromes of diencephalohypophysial origin

---

V0300   Inclusive check (if no match, error) - D083

Diagnosis Table	*711.10-* *711.19*	*Arthropathy associated with Reiter's disease and nonspecific urethritis*
Relational Table	099.3	Reiter's disease
	099.4x	Nongonococcal urethritis

V0300   Inclusive check (if no match, error) - D084

Diagnosis Table	*711.20-* *711.29*	*Arthropathy associated with Behcet's syndrome*
Relational Table	136.1	Behcet's syndrome

V0300   Inclusive check (if no match, error) - D085

Diagnosis Table	*711.30-* *711.39*	*Postdysenteric arthropathy*
Relational Table	002.x	Typhoid and Paratyphoid fevers
	008.xx	Infectious enteritis
	009.x	Infectious colitis, enteritis, and gastroenteritis (per Index)

V0300   MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D086

Diagnosis Table	*711.40-* *711.49*	*Arthropathy associated with other bacterial diseases*
Relational Table	010-018	Tuberculosis
	020-027	Zoonotic bacterial diseases
	030-040	Other bacterial diseases
	090-099	Syphilis and other venereal diseases

V0300   Inclusive check (if no match, error) - D087

Diagnosis Table	*711.50-* *711.56*	*Arthropathy associated with other viral diseases*
Relational Table	045-049	Poliomyelitis and other non-arthropod borne viral diseases of central nervous system
	050-057	Viral diseases accompanied by exanthem
	060-066	Arthropod-borne viral diseases
	070-079	Other diseases due to viruses and Chlamydiae
	480.x	Viral Pneumonia
	487.x	Influenza

V0300   Inclusive check (if no match, error) - D088

Diagnosis Table	*711.60-* *711.69*	*Arthropathy associated with mycoses*
Relational Table	110-118	Mycoses

V0300   Inclusive check (if no match, error) - D089

Diagnosis Table	*711.70-* *711.79*	*Arthropathy associated with Helminthiasis*
Relational Table	125.x	Filariasis

V0300   MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D090

Diagnosis Table	*711.80-* *711.89*	*Arthropathy associated with other infectious and parasitic diseases*
Relational Table	080-088	Rickettsioses and other arthropod-borne diseases
	100-104	Other spirochetal diseases
	130-136	Other infectious and parasitic diseases

V0300   Inclusive check (if no match, error) - D091

Diagnosis Table	*712.10-* *712.19*	*Chondrocalcinosis due to dicalcium phosphate crystals*
	712.20- *712.29*	*Chondrocalcinosis due to pyrophosphate crystals*
	712.30- *712.39*	*Chondrocalcinosis, unspecified*
Relational Table	275.4x	Disorders of calcium metabolism

V0300   Inclusive check (if no match, error) - D092

Diagnosis Table	*713.0*	*Arthropathy associated with other endocrine and metabolic disorders*
Relational Table	243-244	Hypothyroidism
	252.0	Hyperparathyroidism
	253.0	Acromegaly and gigantism
	259.9	Unspecified endocrine disorder (per Index)
	270.2	Other disturbances of aromatic amino-acid metabolism
	272.x	Lipoid metabolism disorder
	275.0	Disorders of iron metabolism
	277.9	Unspecified disorder of metabolism (per Index)
	279.0x	Hypogammaglobulinemia

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
           CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D093

Diagnosis Table   *713.1*   *Arthropathy associated with gastrointestinal conditions other than infections*

Relational Table   555.x   Regional enteritis
                                      556   Idiopathic proctocolitis
                                      569.9   Gastrointestinal disorder (per Index)

V0300   Inclusive check (if no match, error) - D094

Diagnosis Table   *713.2*   *Arthropathy associated with hematological disorders*

Relational Table   202.3x   Malignant histiocytosis
                                        203.0x   Multiple myelomatosis
                                        204-208   Leukemia
                                        282.4   Thalassemias
                                        282.5   Sickle-cell trait
                                        282.60   Sickle-cell anemia, unspecified
                                        282.61   Hb-S disease without mention of crisis
                                        282.62   Hb-S disease with mention of crisis
                                        282.63   Sickle-cell/Hb-C disease
                                        282.69   Other sickle-cell anemia
                                        282.7   Other hemoglobinopathies
                                        286.0   Congenital factor VIII disorder
                                        286.1   Congenital factor IX disorder
                                        286.2   Congenital factor XI deficiency
                                        289.9   Hematological disorder (per Index)

V0300   Inclusive check (if no match, error) - D095

Diagnosis Table   *713.3*   *Arthropathy associated with dermatological disorders*

Relational Table   695.1   Erythema multiforme
                                        695.2   Erythema nodosum
                                        709.x   Dermatological disorder (per Index)

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300   Inclusive check (if no match, error) - D096

Diagnosis Table   *713.4*   *Arthropathy associated with respiratory disorders*

Relational Table   490-519   Respiratory disorders

V0300   Inclusive check (if no match, error) - D097

Diagnosis Table   *713.5*   *Arthropathy associated with neurological disorders*

Relational Table   094.0   Tabes dorsalis neurosyphilis
                           250.6x   Diabetes with neurological manifestations
                           336.0   Syringomyelia and syringobulbia
                           349.9   Neurological disorder (per Index)

V0300   Inclusive check (if no match, error) - D098

Diagnosis Table   *713.6*   *Arthropathy associated with hypersensitivity reaction*

Relational Table   287.0   Allergic purpura (Henoch's purpura)
                           995.3   Hypersensitivity reaction, NEC (per Index)
                           999.5   Other serum reaction (serum sickness)

V0300   Inclusive check (if no match, error) - D099

Diagnosis Table   *713.7*   *Other general diseases with articular involvement*

Relational Table   135   Sarcoidosis
                           277.3   Amyloidosis (Familial Mediterranean fever)

V0300   Inclusive check (if no match, error) - D100

Diagnosis Table   *720.81*   *Inflammatory spondylopathies in diseases classified elsewhere*

Relational Table   002.0   Typhosa (per Index) *(not programmed in this edit)*
                           015.0x   Tuberculosis of vertebral column
----

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
         CONTINUED (see guideline on page 381)

V0300	Inclusive check (if no match, error) - D101	

Diagnosis Table	*730.70-* *730.79*	*Osteopathy resulting from poliomyelitis*
Relational Table	045.xx	Poliomyelitis

V0300	Inclusive check (if no match, error) - D102	

Diagnosis Table	*730.80-* *730.89*	*Other infections involving bone in diseases* *classified*
Relational Table	002.0 015.x	Typhoid fever Tuberculosis

V0300	Inclusive check (if no match, error) - D103	

Diagnosis Table	*731.1*	*Osteitis deformans in diseases classified elsewhere*
Relational Table	170.x	Malignant neoplasm - bones

V0300	Inclusive check (if no match, error) - D104	

Diagnosis Table	*731.8*	*Other bone involvement in diseases classified elsewhere*
Relational Table	250.8x	Non-insulin dependent diabetes with other specified manifestations

----

V0300	Inclusive check (if no match, error) - D105	

Diagnosis Table	*737.40* *737.41* *737.42* *737.43*	*Curvature of spine, unspecified* *Kyphosis* *Lordosis* *Scoliosis*
Relational Table	015.0x 138 237.7x 252.0 268.1 277.5 356.1 731.0 733.0x	Tuberculosis of vertebral column Late effect of acute poliomyelitis Neurofibromatosis Hyperparathyroidism Late effect of rickets (per Index) Mucopolysaccharidosis Peroneal muscular atrophy Osteitis deformans without mention of bone tumor Osteoporosis

----

V0300   **MANDATORY MULTIPLE CODING - NEED UNDERLYING DISEASE** –
CONTINUED (see guideline on page 381)

V0300	Inclusive check (if no match, error) - D106

Diagnosis Table	*774.0*	*Perinatal jaundice from hereditary hemolytic anemias*
Relational Table	282.x	Anemias

V0300	Inclusive check (if no match, error) - D107

Diagnosis Table	*774.31*	*Neonatal jaundice due to delayed conjugation in diseases classified elsewhere*
Relational Table	243	Congenital hyperthyroidism
	277.4	Disorders of bilirubin excretion (Crigler-Najjar syndrome; Gilbert's syndrome)

V0300	Inclusive check (if no match, error) - D108

Diagnosis Table	*774.5*	*Perinatal jaundice from other causes*
Relational Table	271.1	Galactosemia
	277.0x	Cystic fibrosis
	751.61	Biliary atresia (Congenital obstruction of bile duct)

References: ICD-9-CM Codebook, Conventions used in the Disease Tabular List, Read definition of "Code Also Underlying Disease."

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1989, page 38; 1991, page 42; 1994, page 44.

Coding Clinic for ICD-9-CM, AHA, May-Jun 1994, page 6; Jan-Feb 1986, page 9; 2nd Quarter 1993, page 6; Official Guidelines for Coding and Reporting, Rule 1.6.B.